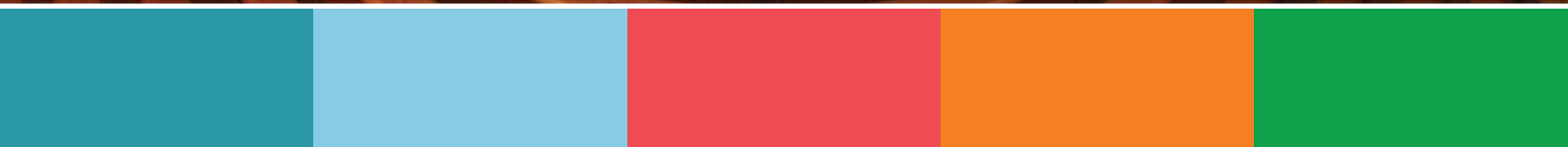




First Nations Health Authority
Health through wellness

2020/2021 ANNUAL REPORT





Vision: Healthy, Self-Determining
and Vibrant BC First Nations Children,
Families and Communities

Acknowledgment

The First Nations Health Authority (FNHA) recognizes that the dual public health emergencies of the COVID-19 pandemic and the toxic drug crisis greatly impacted First Nations in British Columbia last fiscal year. Public health measures were put in place to protect communities, which also kept loved ones and friends apart, restricting cultural gatherings that nourish the spirit and give strength in times of adversity. Many families and friends lost loved ones and are feeling deep loss. We stand side by side with each and every one of you, and we honour those who have passed and acknowledge your strength and resiliency in these difficult times.

We raise our hands to those who worked tirelessly to keep our communities safe — First Nations leaders, Health Directors, nurses and all those on the ground that continue to give themselves day in and day out to meet ever-changing needs. From the swift action of community leaders that was critical in preventing wide-scale transmission of the virus, to the planning and running of vaccine rollouts, we thank each of you for your valuable contributions and leadership. We remain your partner in health and wellness and will continue to walk together as we face opportunities and challenges ahead.

Nuts amaht



First Nations Health Authority
Health through wellness

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Message from the Board Chair **Colleen Erickson**

Hadih’

On behalf on the FNHA Board, we are honoured to continue to contribute to the health and wellness of First Nations in BC. This year again, we were faced with the dual public health emergencies of the COVID-19 pandemic and opioid epidemic. During this time, a permanent chief executive officer was put in place to support this work.

As a Board, we raise our hands up to our communities, leaders, staff and partners who supported First Nation peoples throughout this challenging year. We are humbled by the tire-

less efforts by all. We have witnessed individuals, leaders and staff who held each other up, relied on culture as medicine and found new and innovative ways of working together to support communities.

For FNHA to sustain a level three emergency response, a new vice president of the public heath response team was created to provide leadership and respond to the dual health emergencies. As well, the FNHA hired new liaison officers to partner with the BC public health response teams, and new region-specific emergency response managers to support regional emergencies like wildfires and flooding.

“This has been a full year of challenges. We leaned into our cultural teachings to guide us through difficult times, especially for those we lost to COVID-19 and the opioid overdose crisis.”

Due to COVID-19, we pivoted to a virtual engagement structure to support rapid information sharing with leaders and First Nations and we collaborated with our partners on key priorities and opportunities.

This year we launched two new programs, the First Nations Virtual Doctor of the Day Program and the Virtual Substance Use and Psychiatry Services. The First Nations Virtual Doctor of the Day Program enabled more First Nations people and their family members with limited or no access to their own doctors to virtually access culturally safe primary health care closer to home. The Virtual Substance Use and Psychiatry Services provided individuals with access to specialists in addictions medicine and psychiatry as well as mental health and wellness care co-ordinators. There was tremendous uptake for these two programs and it demonstrated how the FNHA could pivot to meet the needs of First Nations people.

Fall Caucus sessions were held using virtual engagement platforms. The FNHA also held engagement sessions to gather input into our next Five-Year Strategic Plan, and the health benefits team began a medical transportation transformation engagement process to improve patient travel needs.

The Memorandum of Understanding to improve mental health and wellness services and achieve progress on the determinants of health signed by the Government of Canada, the Province of BC and the First Nations Health Council (FNHC) was extended until March 2022 due to the dual public health emergencies. Work has continued to support Nations to plan, design and deliver wholistic mental health and wellness services.

Through strong and collaborative relationships with our various provincial and federal partners, we have continued to work together to support First Nations communities in a timely

and responsive manner. For example, our Northern team and Northern Health Authority led the initial stage towards a Rural and Remote Indigenous COVID-19 Response Framework which increased response time and supported client medical transportation in rural and remote First Nations communities. This was continued and finalized by our provincial and regional teams.

The FNHA supported the First Nations Health Directors Association (FNHDA) with community pandemic planning and the launch of their Health Director Certificate Program. The FNHA contributed data to the In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care report and we developed an Anti-Racism, Cultural Safety and Humility Framework and supporting Action Plan with the FNHC and FNHDA.

This has been a full year of challenges. We leaned into our cultural teachings to guide us through difficult times, especially for those we lost to COVID-19 and the opioid overdose crisis.

This has been a full year of hardship marked by: the hurt of those who shared their stories...; the loss of loved ones from COVID...; and the challenge of not being able to gather and support each other through ceremony.

We again thank our FNHA staff, First Nations in BC and our federal and provincial partners for their strength, inspiration and cooperation during this trying times.

Sna chalh yah,

M. Colleen Erickson
Board Chair, FNHA



Message from the CEO

Richard Jock

I am pleased to share this 2020/2021 FNHA Annual Report with you. On behalf of the FNHA, I acknowledge the challenges BC First Nations have faced this year. As your partner in health and wellness, the FNHA will continue to stand with and support First Nations as we move forward.

I acknowledge the immense pressures faced this year with the dual public health emergencies of the COVID-19 pandemic and the toxic drug supply crisis, as well as the focus on ongoing anti-Indigenous racism in the BC health system. The lives of many loved ones were claimed this year and these losses are felt deeply by family and friends.

While the FNHA dedicated resources to responding quickly and effectively to these emergencies, we maintained—and in some cases expanded—the range of programs and services available to First Nations. The FNHA remained focused on First Nations needs and we collaborated with communities and partners to have rapid response and culturally safe services available in various areas. I want to thank our FNHA employees and their dedication and devotion to supporting First Nations in this complex year. I believe this period of time has made us stronger and we continue to be ready to adapt as a partner in health and wellness going forward.

COVID-19 Emergency Operational Management

The FNHA pivoted to focus our efforts on the COVID-19 pandemic and our organization functioned at what we call a level three health emergency status for the fiscal year. It was important to make adjustments to meet the demands, including hiring a vice president of the public health response team to lead and manage the dual health emergencies from a provincial perspective, co-ordinating the initial response and funding in each region to increase emergency capacities. Our Information Management/Information Technology team quickly pivoted to make the FNHA virtual ready to allow employees to successfully work from home and to continue to engage with First Nations in BC.

Supporting Communities

We worked with First Nations leadership to support community health emergency preparedness and systems for acquiring and distributing resources, personal protective equipment and essential services. The FNHA supported navigation of the various COVID-19 funding grants offered by provincial and federal governments, supplied cell phones and tablets to help Elders stay connected, sourced isolation units and worked with provincial and governmental partners to advocate regarding emergency response efforts.

Vaccine Rollout

A large and still ongoing undertaking last year was the COVID-19 vaccine rollout. The FNHA worked directly with Chiefs and leaders, the FNHC and the FNHDA on a “whole community” approach to the vaccine rollout, where all community members 18 years of age and over were offered immunization, with priority given to Elders. Our nursing and regional teams worked tirelessly with regional health authority partners to deliver and administer vaccines in a culturally safe manner. The first COVID-19 vaccines for First Nations communities were available starting December 28, six weeks earlier than anticipated. As of March 31, 2021, all BC First Nations communities had access to first dose of the vaccine.

Toxic Drug Crisis and Mental Health and Wellness

BC recently passed the five-year anniversary of the public health emergency that was declared in response to the ongoing opioid crisis. With the COVID-19 pandemic and the toxic drug crisis, there was a marked increase in requests for mental health and wellness supports from First Nation communities. This year, the FNHA launched the Virtual Substance Use and Psychiatry Service. The new service supports access to specialists dedicated to the principles of cultural safety and humility and trauma-informed care. A Harm Reduction Policy Statement was created that outlines opportunities for weaving culture and resilience into conventional harm reduction strategies and services.

Cultural Safety and Humility/Anti-Indigenous Racism

We worked with the FNHC and FNHDA to develop a joint Anti-Racism, Cultural Safety and Humility Framework and Action Plan to enact the vision of a health and wellness system free of racism and discrimination. The FNHA is supporting our regions in tackling anti-Indigenous racism in the health system. We have zero tolerance for racism and this action plan will accelerate the progress of cultural safety for First Nations in BC. We look forward to supporting communities and Nations and working with our provincial and regional health care partners in furthering this essential work.

The FNHA launched a compliments and complaints process enabling First Nations to provide feedback based on health care experiences system wide. The intend is for the FNHA to be an effective partner in improving the quality and safety of First Nations health programs and services in BC. In partnership with the Health Standards Organization, we’re drafting a new BC Cultural Safety and Humility standard, the first of its kind. In addition, we’re assisting regions in developing region-specific approaches, and with interim staffing and contracting needs.

Primary Care and Urban and Away-from-Home

In partnership with participating First Nations and the BC Ministry of Health, planning for 15 First Nations-Led Primary Care Centres continued in 2020/2021. In April 2020, the FNHA launched the Virtual Doctor of the Day enabling more First Nations people access to primary health care closer to home. We also introduced a Health and Wellness Framework to guide the development of regional and provincial-level strategies to support BC’s urban and away-from-home population.

Health Benefits

The Health Benefits team created additional COVID-19 and toxic drug crisis supports this year. A Health Benefits Isolation Support team was established to provide guidance and navigation, including an increase in medical transportation benefits for community members with self-isolation needs. The Health Benefits team also developed community-based procurement for bulk supplies of nasal naloxone.

In closing, I would like to acknowledge that we accomplished much more than the above highlights during this fiscal year. I express my gratitude to all First Nations in BC for your continued strength and resiliency, to our staff who have pushed themselves to meet unique challenges, and to our partners who have worked with us in advancing health and wellness for First Nations in BC.

In health and wellness,

Richard Jock
Chief Executive Officer, FNHA

Dual Public Health Emergencies: COVID-19 and the Toxic Drug Crisis, and Anti-Indigenous Racism



First Nations Health Authority
Health through wellness



First Nations Health Council



First Nations Health Directors Association

7 Directives: Shared by the FNHA/FNHC/FNHDA

Through hundreds of regional and sub-regional caucus meetings, and Health Partnership Workbooks, First Nations in BC developed 7 Directives that describe the fundamental standards and instructions for a new health governance relationship:

1. Community-driven, Nation-based
2. Increase First Nations decision-making and control
3. Improve services
4. Foster meaningful collaboration and partnership
5. Develop human and economic capacity
6. Be without prejudice to First Nations interests
7. Function at a high operational standard

While 2020/2021 challenged us, it also allowed for innovation and creativity, strengthening the FNHA resolve to realize the Shared Vision of healthy, self-determining and vibrant BC First Nations children, families and communities. This Annual Report provides further details on how the FNHA worked on these pressing issues while maintaining its commitment to uphold the 7 Directives.

COVID-19 PANDEMIC

The fiscal year began with a provincial state of emergency in place in response to the COVID-19 pandemic. By March 30, 2020, the FNHA activated its level three emergency response structure and continued at this level of response throughout 2020/2021. This structure enabled the FNHA to coordinate and provide oversight over our emergency policies, communications, resources and emergency response activities.

The FNHA worked with First Nations leadership and regions to support community health emergency preparedness and systems for acquiring and distributing resources and essential services to First Nations communities. By fiscal year-end, over two million items of personal protective equipment were distributed to communities and stockpiles were replenished in preparation for subsequent waves of COVID-19. Community-based point of care testing was available in seven First Nations communities.

Working groups were established, such as the Urban and Away-From-Home Vaccination Working Group, which focused on bringing partners together to advocate for the priority vaccination of First Nations, Métis and Inuit people in urban and away-from-home settings. The FNHA strengthened capacity and identified new ways to staff and fund various health emergency management functions, working to address and respond to the changing environment. The organization collaborated with federal and provincial partners and integrated its activities and policies into the overall provincial pandemic response, which included playing an important role in the development of the *Rural, Remote, First Nations and Indigenous COVID-19 Response Framework*.

The FNHA COVID-19 vaccination campaign was initiated in December 2020 with rural and remote First Nations communities, and communities with high numbers of positive cases, prioritized for immunization.

Throughout the fiscal year, the FNHA focused on innovation and promoted an integrated pathway that left no one behind.

TOXIC DRUG CRISIS

In July 2020, the FNHA publicly released First Nations surveillance data that highlighted a surge in overdose deaths among First Nations people since the outset of the pandemic and the need for trauma-informed harm reduction approaches to reduce toxic drug-related overdose events. Given the compounding effects of COVID-19 on the toxic drug crisis for First Nations in BC, the FNHA strengthened relationships with the BC Overdose Emergency Response Centre, health system partners, Indigenous-serving organizations in heavily impacted urban centres and First Nations communities.

In response to the new opioid surveillance data, the FNHA shifted its focus to First Nations women, First Nations individuals transitioning out of correctional facilities and those living in urban centres as these population groups were experiencing the highest rates of overdose deaths.

ANTI-INDIGENOUS RACISM

This fiscal year, the FNHA prioritized work on anti-Indigenous racism in BC, including working directly with the FNHC and the FNHDA to jointly develop an Anti-Racism, Cultural Safety and Humility Framework and Action Plan. The FNHA contributed significant data as part of the investigation that resulted in the *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* report. The FNHA, FNHC and FNHDA continued to prioritize regional approaches with local partners on anti-racism work. As well, the FNHA developed a draft cultural safety and humility accreditation standard with the Health Standards Organization, hired staff with experience working with First Nations clients, standardized internal processes for tracking and addressing complaints and incidents, and developed regional action plans and strategies.

GOAL 1:
Enhance First Nations
Health Governance



GOAL 2:
Champion the BC
First Nations Perspective
on Health and Wellness



GOAL 3:
Advance Excellence
in Programs and Services



GOAL 4:
Operate as an
Efficient, Effective and
Excellent First Nations
Health Organization



Annual Key Priorities



GOAL 1: Enhance First Nations Health Governance



Outcome:
Sustainable and accountable governance structures leading change

The BC First Nations health governance structure was built by and for BC First Nations to bring decision-making closer to home and into our hands. As part of this unique made-in-BC First Nations health governance structure, the FNHA fosters health systems change through governance partnerships at multiple levels, including with the FNHC and FNHDA, communities and Nations, and federal and provincial governments. Working together in the spirit of reciprocal accountability and “hardwiring” First Nations decision-making into various levels of the health system in BC advances whole-system change in accordance with the needs and priorities of First Nations individuals, families and communities.

Throughout 2020/2021, this First Nations health governance structure was instrumental in providing responses to the dual health emergencies and anti-Indigenous racism, as well as supporting ongoing work, partnerships and the provision of programs and services.

Objective 1.1:

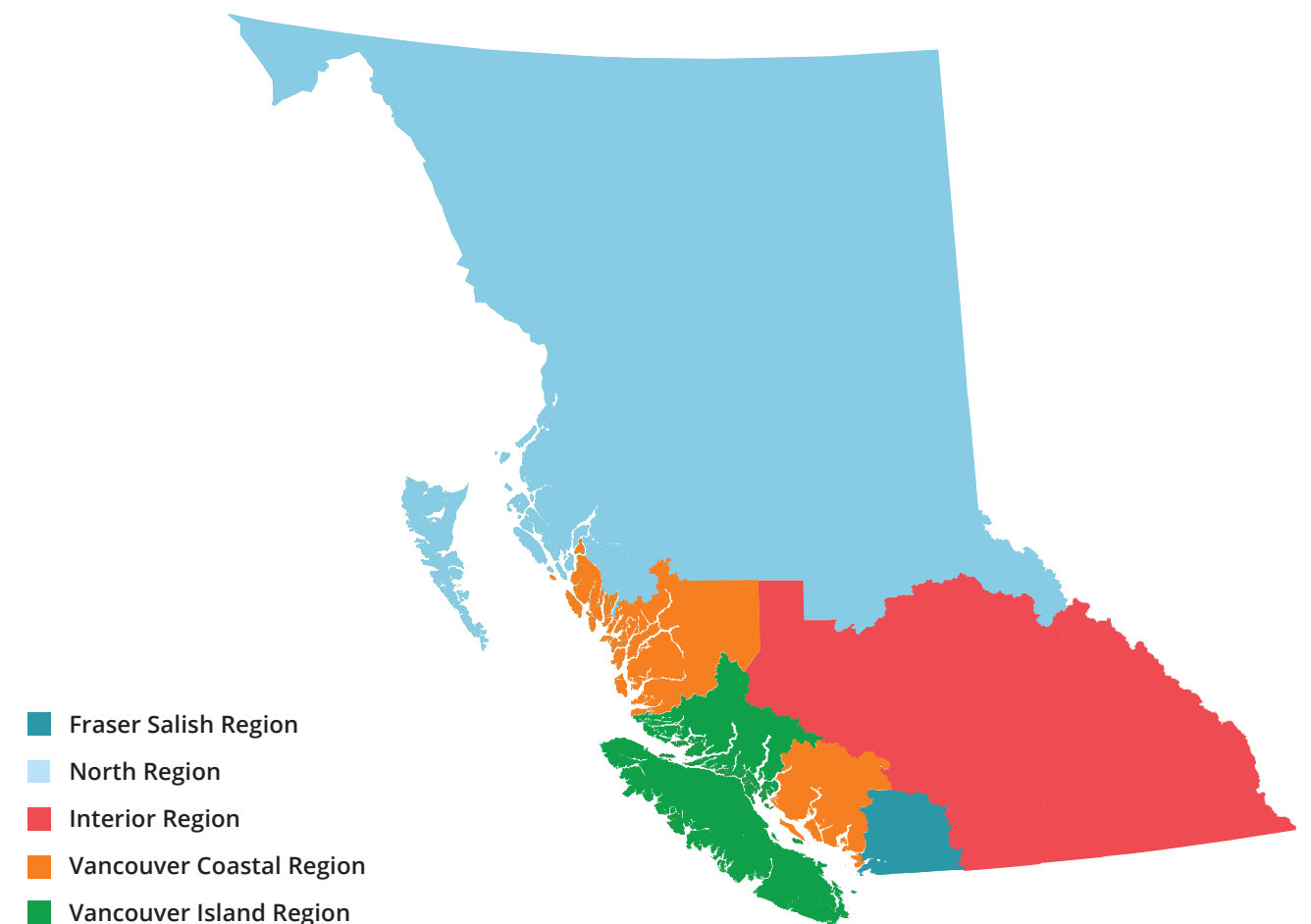
Strengthen regional decision-making approaches

Strengthening First Nations decision-making

The FNHA's five regional teams are integral to the FNHA COVID-19 response. Each region is supporting decision-making on the best approach to implement responses aligned with specific regional cultural and geographic needs. A regional envelope approach provides targeted funding to each area to bolster regional emergency capacities. Our five regions were provided funds to hire additional staff and create new health emergency management positions, such as an emergency response manager responsible for coordinating the region's response to COVID-19. This fiscal year, regional executive directors were also provided with increased authority over decisions related to pandemic response, including funding decisions.

Supporting the development and implementation of regional health and wellness plans is another way the FNHA supports First Nations decision-making closer to home. Each region has a unique Regional Health and Wellness Plan with regional specific priorities for action and investment; these plans are a key driver of the FNHA's overarching Summary Service Plan. This fiscal year, a renewed Fraser Salish Region's 5-Year Regional Health and Wellness Plan was approved by First Nations leadership at the Fraser Salish Regional Caucus December 2020 session.

The FNHA continued to evolve its structure, bringing services closer to home through ongoing regionalization of programs and services and related staff, as well as incorporating a corporate-lite structure in regional offices. Regionalization supports closer to home decision-making over the design and delivery of health and wellness services and initiatives.



Collaborating with Regional Health Authorities

Regional Partnership Accords between regional First Nations and the regional health authorities establish joint processes for shared planning and decision-making, outline goals and directives at community, Nation and regional levels, and help direct the overall provincial health strategy. Regional partnerships were crucial in advancing responses to COVID-19 and the toxic drug crisis.

As part of the COVID-19 response, the FNHA deployed existing staff to regions to support work in priority areas and to support regions to staff new positions covering a range of functions in the FNHA's public health response. The FNHA reviewed notification pathways with regional health authorities, implemented joint regional COVID-19 protocols and implemented the expansion of isolation supports more broadly. There was significant collaboration with regional health authorities on vaccine rollout, with a focus on supporting a culturally safe approach.

Regional teams also worked tirelessly alongside their regional health authority partners on the toxic drug crisis in both communities and urban and away-from-home environments.

Engagement

Due to COVID-19 travel restrictions, travel to regions and communities and in-person gatherings was restricted and/or postponed and virtual engagement approaches emerged instead. The FNHA participated alongside the FNHC and FNHDA and other partners in various virtual engagement sessions with First Nations leadership and health partners to hear key priorities and opportunities for health system change, including support during the COVID-19 pandemic. A number of sessions were held directly with Chiefs, leaders and Health Directors through town halls, webinars and virtual meetings, including virtual fall Regional Caucus sessions. The lessons learned will be applied to future sessions, both virtual and in person.

Objective 1.2:

Collaborate with the FNHC and the FNHDA to achieve our Shared Vision

In 2020/2021, the FNHC, FNHDA and FNHA held two joint planning sessions to identify and discuss shared priorities and develop a coordinated engagement effort that includes regional interest.

In addition, collaboration amongst the FNHC, FNHDA and FNHA on the COVID-19 response was instrumental in helping build a nimble health emergency response to support First Nations in BC within a short time frame, including statements on COVID-19 communications. The FNHC supported Chiefs and leaders, starting early in the response efforts, by hosting virtual town halls which provided space for leadership to hear critical updates and the opportunity to ask questions of FNHA leadership and senior-level federal and provincial officials, including from Indigenous Services Canada, Emergency Management BC and the BC Ministry of Health.

The FNHA, FNHC and FNHDA collaborated on joint work on anti-Indigenous racism within the BC health care system, through multiple joint discussion meetings. This included feedback on the development of proposed provincial structures to address the *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* report and advocating for regional representation on the supporting task team structure. A key accomplishment of the partnership was the Anti-Racism, Cultural Safety and Humility Framework and Action Plan, which was jointly developed by the FNHA, FNHC and FNHDA.

The FNHDA collaborated with the FNHA on the launch of the eight-week *FNHDA Health Director Certificate Program* on pandemic planning. The FNHA provided funding and subject matter expertise on the communicable disease emergency response component.

KEY PRIORITY: RENEWED PARTNERSHIP WITH FIRST NATIONS

ANNUAL KEY PRIORITY: Develop a refreshed disengagement approach with support from FNHC and FNHDA Partners.

PROGRESS: Work on a refreshed disengagement approach was completed and the FNHA continues to provide supports to First Nations and Health Service organizations as needed.

Objective 1.3:

Partner with federal and provincial governments to implement the tripartite health plan and agreements

Partnership with federal and provincial governments

The FNHA worked in partnership with numerous agencies at the local, provincial and federal levels on the dual public health emergencies. A primary focus was for First Nations communities to be effectively integrated into emergency mitigation, provincial emergency response systems, preparedness, response and recovery activities. The FNHA's role is to support communities with advocacy, creating space and being present during conversations with health emergency management needs. When the emergency response structure was activated, the FNHA actively participated in provincial and federal emergency response tables.

The FNHA participated in national emergency response tables and committees and coordination with the provincial government happened both at the central and regional levels of the FNHA. FNHA liaison officers worked directly within the BC public health response structure, serving as a bridge between the provincial government and the FNHA.

The FNHA signed an information-sharing agreement with the provincial government to create a data linkage for accessing First Nations COVID-19 testing data allowing effective early action. Close coordination among the provincial and federal partners helped align programming and response activities delivered by the FNHA.

The FNHA worked closely with the BC Ministry of Health and the five regional health authorities, plus the Provincial Health Services Authority and Providence Health Care, to allow for First Nations voices and perspectives to be considered in the toxic drug crisis and COVID-19 responses. The FNHA worked with the Provincial Health Officer and Ministry of Mental Health and Addictions in the release of toxic drug overdose data in relation to First Nations in BC.

The Ministry of Mental Health and Addictions is supporting the FNHA in implementing a response to the toxic drug crisis by scaling up and sustaining successful interventions and efforts to engage First Nations residents in priority areas. The FNHA and Ministry of Mental Health and Addictions continue to work together with provincial partners to support the resolution of issues that impede timely access to data relating to the toxic drug deaths. The FNHA also worked with its provincial partners to embed cultural safety and humility and harm reduction policies and practices into the dual public health emergency response and within the BC health care system.



Dr. Shannon McDonald, Acting Chief Medical Officer covered dual roles as the public face of the FNHA's response efforts and strategic decision-maker within the public health response structure. Dr. McDonald has elevated the coverage of the FNHA's extensive COVID-19 response work to federal and international levels. The FNHA's relationship with the Provincial Health Officer was integral and this partnership included the opportunity for delegated authority from the Provincial Health Officer in the form of an Order-in-Council for Dr. McDonald.

KEY PRIORITY: EVOLVING THE FNHA OPERATIONAL MODEL, INCLUDING REGIONALIZATION

ANNUAL KEY PRIORITY: Finalize a sustainable and strategic Regionalization Plan that includes core principles informed by regions and a phased implementation approach, and that aligns with the FNHA's Operating Model and each region's unique priorities and pressures.

PROGRESS: The FNHA continued to move services closer to home through regionalization. In 2020/2021, operating models for corporate-lite transitions included Human Resources, Finance, Funding Arrangements, Communications and Information Management/Information Technology.

ANNUAL KEY PRIORITY: Undertake an organizational design review of the FNHA.

PROGRESS: The FNHA continued to conduct an organizational development and design review and evolution of its structure, bringing services closer to home through ongoing regionalization of programs and services and related staff, as well as incorporating a corporate-lite structure in regional offices.

ANNUAL KEY PRIORITY: Develop an FNHA operating model that clearly outlines the FNHA's operational and service scope and relationships with BC First Nation clients, First Nation communities and organizations, health benefits provider partners and health system partners.

PROGRESS: With the support of an external consultant, a current state review of the organization was conducted to identify areas of improvement or where teams could be better aligned to improve delivery. Given the emergence of COVID-19 and the provincial review of racism in the health care system, organizational changes were made to realign team functions in the areas of public health response, emergency management, quality and cultural safety and humility. A project plan was also developed to support continued regionalization efforts for 2021/2022.

KEY PRIORITY: KNOWLEDGE DEVELOPMENT AND EXCHANGE

ANNUAL KEY PRIORITY: Share with BC First Nations the findings from the BC Tripartite Framework Agreement on First Nation health governance evaluation, regional partnership accord evaluations, FNHA evaluation and evaluation of the FNHA's Health Benefits- Pharmacy Program, with an emphasis on utilizing data as opportunities to learn and implement improvements throughout our health system in the next five years of the FNHA.

PROGRESS: Due to COVID-19 delays, engagement with BC First Nations on the findings of the Tripartite Framework Agreement Evaluation is scheduled to take place in 2021/2022. Work this year focussed on preparing for engagements which started at the spring 2021 Caucus sessions with a focus on Tripartite Evaluation findings. Evaluation findings are being incorporated into the FNHA Five-Year Plan refresh as an important data source to learn from and implement improvements.

ANNUAL KEY PRIORITY: Publish provincial and regional reports on topics such as: First Nations Population Health and Wellness Agenda, First Nations Early Childhood and Education, First Nations Labour and Employment Development, the Opioid Public Health Emergency, Indigenous Women's Health, Health System Utilization, and Chronic Disease and Injury and other topics.

PROGRESS: The Population Health and Wellness Agenda report, including an action plan, was developed and released on June 3, 2021. The Regional Overdose Crisis reports transitioned to a monthly update for more timely access to data due to the increase in overdose deaths in 2020. A draft of The Health and Wellness Journeys of BC First Nations Women and Girls report was completed in 2020/2021, and was finalized and released in July 2021. Other reports were delayed due to the combined demands of public health emergencies and other data requests. Work continued on the First Nations Labour and Employment Development, Injury Surveillance, First Nations Early Childhood and Education, Chronic Disease and other reports.

The Rural, Remote, First Nations and Indigenous Covid-19 Response Framework

In April 2020, a new *Rural, Remote, First Nations and Indigenous COVID-19 Response Framework* framework was announced for people living in rural, remote and all Indigenous communities in BC to access appropriate health supports during the COVID-19 pandemic and beyond. The framework allows for immediate actions to be applied in a flexible way that respects each community's and region's unique needs and considers cultural safety. The FNHA, FNHC, FNHDA, regional health authorities, BC Ministry of Health and BC Emergency Health Services worked with First Nations to identify needs and develop joint plans. Steps taken from this framework approach include:

- Creation of detailed response plans for each region;
- Provision of a direct circle of care of regulated health professionals which provided support throughout the COVID-19 testing, isolation, transportation and acute care process;
- Provision of a supportive circle for First Nations communities made up of regional executive directors, Health Directors, community nursing staff and transportation supports; and
- Expansion of the First Nations Virtual Doctor of the Day program to include access to mental health supports.

Tripartite Health Governance Structures and Processes

Through the Tripartite Committee on First Nations Health, the FNHA and partners coordinate and align planning, programming and service delivery among the FNHA, regional health authorities, the Provincial Health Services Authority, the BC Ministry of Health and Indigenous Services Canada. This year, the Tripartite Committee focused its efforts on the COVID-19 response, the toxic drug crisis and anti-Indigenous racism in the BC health care system. For more information, see the Tripartite report at: <https://www.fnha.ca/Documents/Together-in-Wellness-April-2019-March-2020.pdf>.

Urban and Away-From-Home

The *Urban and Away-From-Home Health and Wellness Framework* published in October 2020 is an evergreen document intended to guide the development of regional and provincial-level strategies and action plans. The framework outlines principles and strategic directions to expand the scope and function of the FNHA's responsibilities as a partner, advocate, funder and provider of health and wellness services in support of BC's urban and away-from-home population.

The Urban and Away-from-Home Vaccination Working Group, made up of representatives from the Office of the Provincial Health Officer, the BC Association of Aboriginal Friendship Centres, Métis Nation BC and the FNHA, focused on bringing partners together to advocate for the priority vaccination of First Nations, Métis and Inuit people in urban and away-from-home settings. Through partnerships with the Ministry of Citizens' Services, the Social Planning and Research Council of B.C. and the FNHA regional teams, 602 phones and 165 tablets were distributed to in-community and urban and away-from-home First Nations clients across the province in an effort to connect them to services during the COVID-19 pandemic.

Throughout the pandemic, the FNHA continued its work towards improving access to high quality, culturally safe primary care services for First Nations people in BC, including those living in urban communities and away-from-home.



Tripartite First Nations Health Plan



GOAL 2: Champion the BC First Nations Perspective on Health and Wellness



Outcome:
Culturally safe and supported health and wellness journeys

The *BC First Nations Perspective on Health and Wellness* articulates a wholistic view of health and well-being, and the understanding that health and wellness journeys of individual human beings are owned by the self-determining individual and shaped by our values and four dimensions of wellness as First Nations people. It is also guided and influenced by external factors such as our families and communities, our environments and the social determinants of health.

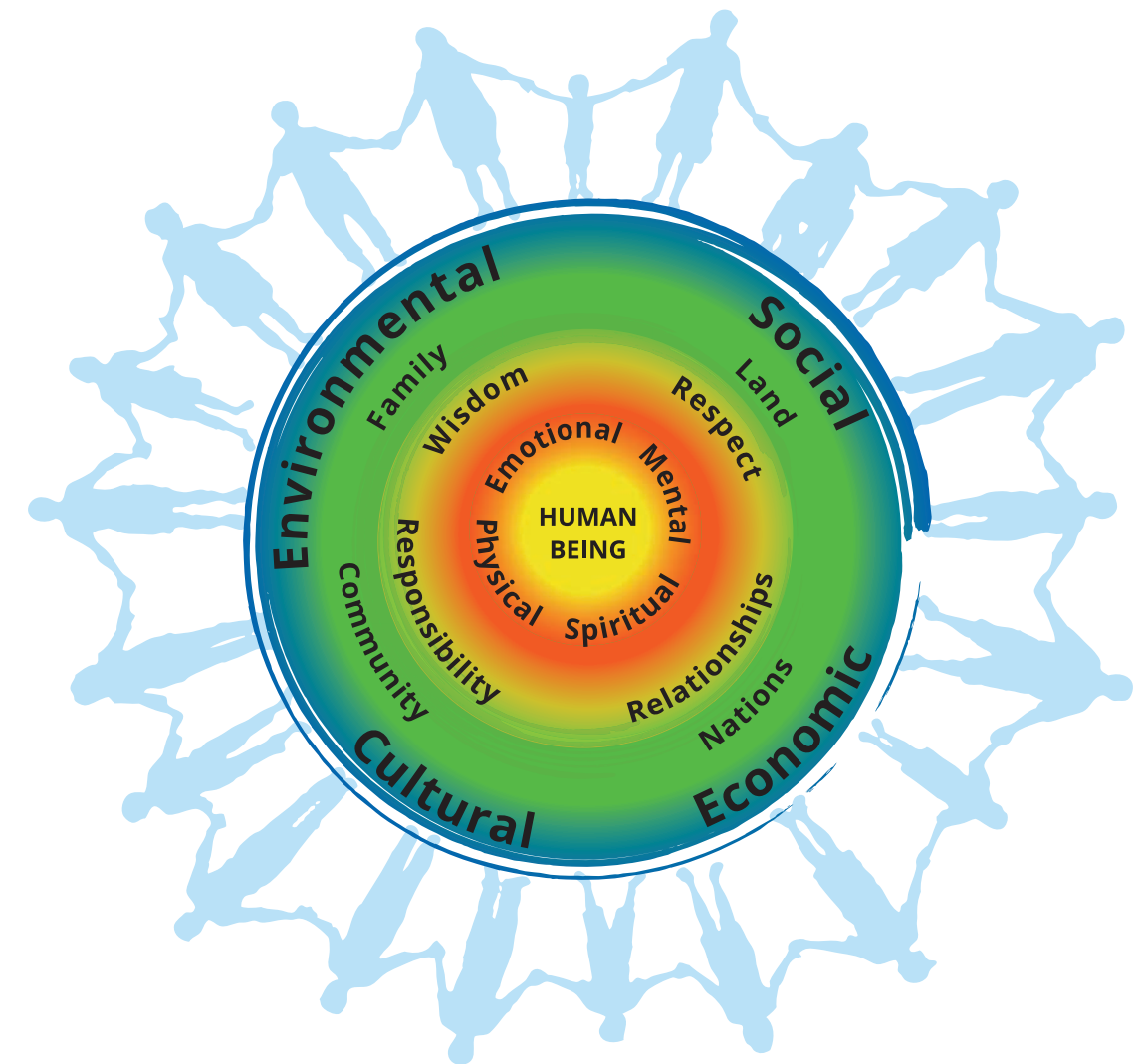
Throughout 2020/2021, First Nations in BC faced multiple challenges including addressing the dual public health emergencies, maintaining connections to one another, to culture and community and accessing services in a climate of shifting public health guidelines and social distancing. The FNHA raises its hands to the resiliency of communities during these difficult times and mourns alongside you in your losses.

We also thank the Sacred Knowledge Keepers and Traditional Wellness Practitioners who found ways to maintain traditions, culture and ceremony during these uncertain times.

Objective 2.1:

Work with partners to transform from a sickness system to a wellness system by championing the BC First Nations Perspective on Health and Wellness

The FNHA champions the BC First Nations Perspective on Health and Wellness. Advocating for widespread adoption of cultural safety and humility principles in the health system as well as shifts in data and research protocols are two ways that the FNHA is working to impact the broader health system in BC.



The BC First Nations Perspective on Health and Wellness

Promoting cultural safety and humility

Throughout 2020/2021, the FNHA continued to work closely with partners to advance cultural safety and humility across the health system, with an increasing focus on anti-Indigenous racism.

For example, Northern and Fraser Salish regions worked on various cultural safety and humility protocols and training resources in partnership with their respective regional health authorities. A Leadership in Patient-Centered Measurement Indigenous Advisory Committee was created to inform culturally safe Indigenous research strategies. The Office of the Chief Nursing Officer offered cultural safety and humility education resources and support to prepare regional health authority staff to work in COVID-19 vaccination clinics across BC.

The FNHA supported the planning of the virtual **BC Patient Safety and Quality Council's Quality Forum 2021** and FNHA staff led cultural safety and humility sessions for health care workers.

Complaints, compliments and incidents

The FNHA Quality Care and Safety team assists First Nations clients and families in navigating the health system with concerns, complaints, requests for information or compliments. The team established a standardized process for these issues and launched a new Compliments and Complaints webpage for First Nations clients and families in September 2020.



KEY PRIORITY: CULTURAL SAFETY AND HUMILITY

ANNUAL KEY PRIORITY: In partnership with the health system, establish dedicated capacity responsible for driving cultural safety and humility across the health system, including through addressing systemic barriers, developing tools and resources, and undertaking knowledge exchange to spread leading practices in cultural safety and humility.

PROGRESS: Change Leadership Strategy priorities were a focus in 2020/2021 through the Cultural Safety and Humility Backbone team, including the development of the knowledge exchange repository and ongoing work with partners. The FNHA worked with the FNHDA and FNHC to build a joint Anti-Racism, Cultural Safety and Humility Framework and Action Plan and continues to work with partners, support regional efforts and consolidate resources to advance this important work.

ANNUAL KEY PRIORITY: Launch the FNHA Complaints and Feedback process.

PROGRESS: The Quality Care and Safety team launched the standardized and organization-wide compliments and complaints process and Client Complaints and Compliments Policy to improve the quality and safety of First Nations health programs and services in BC.



HAÍĆÍSTA: A culturally sensitive Clinical Incident Reporting System

HAÍĆÍSTA is a Haítzaqv (Heiltsuk First Nation – Bella Bella, BC) term meaning “to take a turn for the better.” HAÍĆÍSTA is the name of the clinical incident reporting and management system implemented in 2019/2020. Reporting and managing incidents is about discovery and learning while always providing a client-centred and culturally safe approach to addressing system issues. New for 2020/2021 is the use of HAÍĆÍSTA to identify and build a critical incident review process.

We honour Dr. Nadine Caron, the FNHA Chair in Cancer and Wellness at the University of BC, who received the 2021 Chanchlani Global Health Research Award which recognizes the work of an outstanding scientist whose research impacts global health.



Grounded in the voices of Nuu-chah-nulth Elders and community members, the **Report on Recommendations for Trauma-Informed and Culturally Safe Emergency Care** outlines areas for improvement and recommendations for trauma-informed and culturally safe emergency care. Recommendations were grouped into eight themes:

- Increase Engagement and Relationship Building;
- Development of Action Plans;
- Education and Awareness;
- Advocacy Support;
- First Nations Medicine;
- Healing and Foods;
- Culturally Safe Spaces; Policy and Protocol Development;
- Links to Comprehensive Community Support.

Recommendations are intended to guide future action by health system institutions and service providers, especially West Coast General Hospital, Island Health, the FNHA, Nuu-chah-nulth governments, the City of Port Alberni and health providers.



Aligning research and data with the BC First Nations Perspective on Health and Wellness

The FNHA continues to generate health and wellness data and information to support decision-making and investment at local, regional, provincial and federal levels. The FNHA's Health Surveillance team is working to secure more up-to-date and accessible health data pertaining to First Nations health care in BC. Two data linkages supported the FNHA's COVID-19 response and are supporting the FNHA's stewardship of provincially-held First Nations data, creating more opportunities for access to essential information on behalf of First Nations in BC.

IN 2020/2021, THE FNHA PARTNERED ON 29 RESEARCH PROJECTS, TOTALING \$38 MILLION

RESEARCH AFFILIATION AGREEMENT BETWEEN FNHA AND SIMON FRASER UNIVERSITY

In February 2020, the FNHA and Simon Fraser University signed a research affiliation agreement that increases access to federal government funds for research into Indigenous health and supports the FNHA in building capacity to receive federal grants directly. This agreement, which allows Simon Fraser University and the FNHA to shape their growing research relationship, centers on First Nations principles governing how data are collected, protected, used and shared.



FNHA PARTNERSHIP WITH RESEARCH ETHICS BC

The FNHA, in partnership with Research Ethics BC, produced a document for researchers to use as a resource for implementing a culturally safe and trauma-informed approach when collaborating with First Nations.



KEY PRIORITY: KNOWLEDGE DEVELOPMENT AND EXCHANGE

ANNUAL KEY PRIORITY: Engage with First Nations Knowledge Keepers across the regions to further develop (1) Ecological Wellness and Connection to land, and (2) Self-Determination Indicators and associated data sources.

Progress: The We Walk Together research project is progressing as scheduled with adjusted project plans for COVID-19 safety. The self-determination indicators were put on hold during COVID-19.

Objective 2.2: Partner with First Nations individuals, families and communities in their health and wellness journeys

Maintaining Wellness

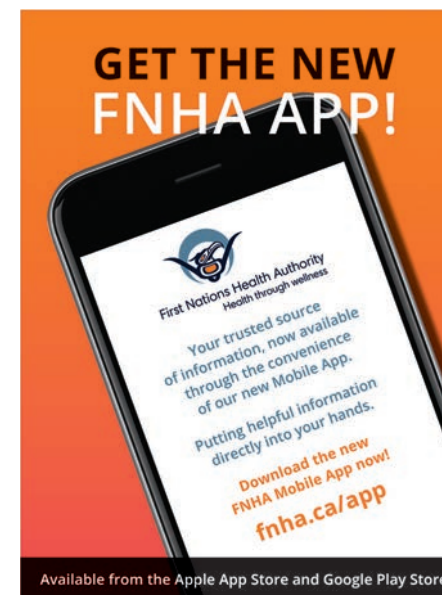
The FNHA worked hard last year to be a trusted source for public health information from a strengths-based First Nations perspective, providing COVID-19 information throughout the fiscal year.

In its role as Watchmon, the Office of the Chief Medical Officer monitors and acts as a guardian and champion of the health and wellness of First Nations people living in BC. The Watchmon shares the story of health and wellness, illuminating First Nations' roots of wellness (determinants of health), supportive systems and structures and approaches to wellness and health status.

The FNHA website includes a COVID-19 specific section with up-to-date information for community leaders, such as guides and services to help communities with emergency response, safety planning and service resumption, and information for health professionals such as communicable disease management, clinic planning and nursing practices.



FNHA public health messages were created in formats such as videos, podcasts, radio and television advertising and interviews.



In June 2020, the FNHA launched the **FNHA App** that allows First Nations to receive direct information from the FNHA in support of their health, wellness and safety. The app provides a direct link to FNHA services and information, helping users stay up-to-date on COVID-19 resources and other health and wellness information, support and tools.

The FNHA Mobile App can be downloaded from the Apple App Store or Google Play Store. To find out more, visit fnha.ca/app.



Good Medicine stories and posts shared how Indigenous people across BC are using culture, traditional knowledge and spirituality to support themselves and each other during the COVID-19 pandemic. Resilience, lateral kindness and humour are featured in positive stories.

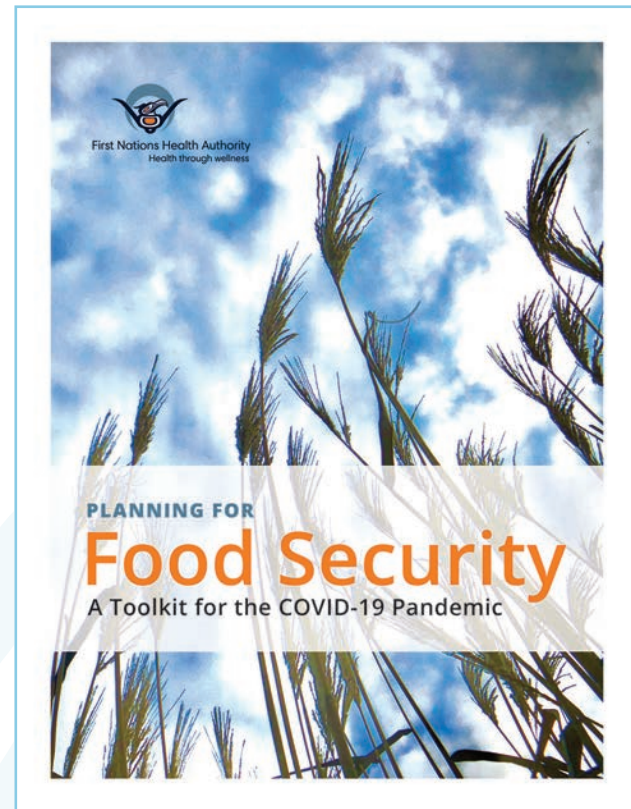
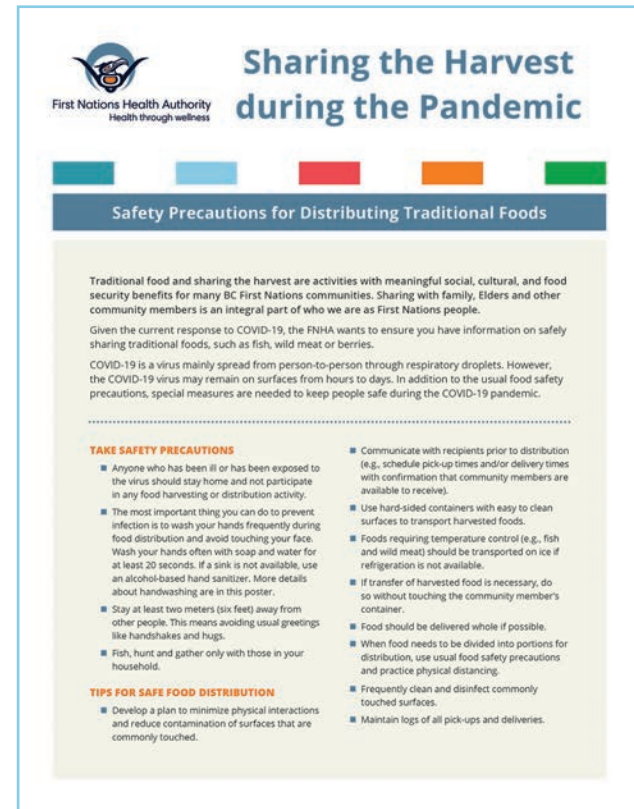


In December 2020, the **Maternity and Babies Advice Line** went live to provide access to prenatal and postnatal care resources via telephone for rural and remote communities across BC, serving expectant and existing caregivers of newborns seeking advice. Services range from urgent advice to specialist referrals, as well as mental health supports surrounding postpartum care.

Food Security and Healthy Eating

Various initiatives were launched to work to address food security concerns caused or exacerbated by the COVID-19 pandemic. Regions responded by integrating food delivery into wrap-around support for isolated individuals.

Recognizing that the pandemic may have disrupted traditional food gathering, harvesting and sharing activities and their meaningful social, cultural and food security benefits, the FNHA published guidance about safe harvesting and created [Planning for Food Security – A Toolkit for the COVID-19 Pandemic](#) to support communities with making short-, medium- and long-term plans for food security during COVID-19.



Wellness Challenges

The FNHA continued to partner with First Nations in BC on their wellness journeys through online wellness challenges such as the 30X30 Active Challenge and the Sober(er) for October Challenge.



30X30 ACTIVE CHALLENGE

The 30x30 Active Challenge asked participants to complete 30 minutes of physical activity each day for the 30 days in September. In 2020-2021, 4500+ registrants signed up to participate, an approximately 43% increase over the previous fiscal year.

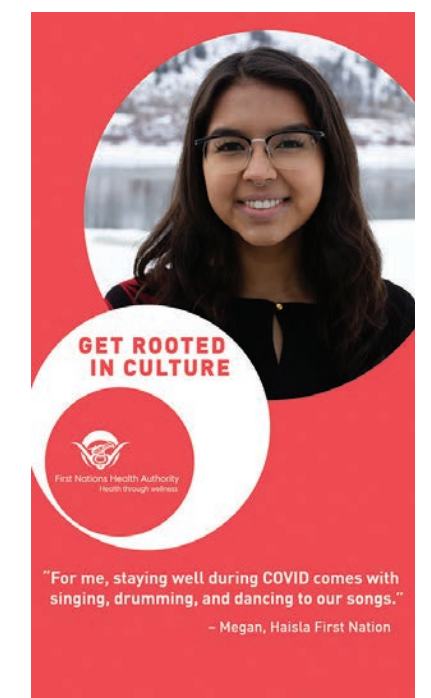
SOBER(ER) FOR OCTOBER CHALLENGE

Participants were invited to learn more about how alcohol affects their life and reduce or eliminate consumption during the month of October.



YOUTH

In October 2020, the FNHA's Youth Advisory Committee launched a **Youth and COVID-19 Wellness Campaign** on several social media platforms. The first two months of the campaign had over 45,000 shares online and 600+ clicks through to the campaign website. At a time when connecting in-person was difficult and advised against, Indigenous youth stepped up as resilient leaders and role models, working together to support virtual spaces and activities that are safe, empowering and sacred.



KEY PRIORITY: WELLNESS

ANNUAL KEY PRIORITY: Develop an approach to support the wellness of target populations, including children, youth, men, women, girls and Two-Spirited, lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual (2SLGBTQIA).

PROGRESS: COVID-19 resulted in a delay in the development of a wellness plan, which outlines the FNHA's understanding and approach to wellness, and will provide a framework enabling future work specific to targeted populations. Draft version of the Indigenous Women's Health Report was completed and is inclusive of gender diverse groups (2SLGBTQIA). The FNHA continued to provide Jordan's Principle information and service navigation, with the full transition of Jordan's Principle co-ordination and administration to Indigenous Service Canada completed as of March 31, 2021.

Winter Wellness and Indigenous Peoples Day of Wellness Grants

FNHA Wellness Grants support community-led wellness promotional events and initiatives and are a way for the FNHA to partner with BC First Nations to encourage the development of innovative and culturally grounded health and wellness events that support well-being and align with the priorities of BC First Nations.

Recognizing the impacts that physical distancing and social isolation may have had on the health and well-being of First Nations individuals, families and communities, grants were available to fund online activities such as Elder and youth dialogues, crafting workshops, video or podcast storytelling, educational webinars and online community games. BC First Nations responded with creative ways to celebrate culture, resilience and community while maintaining physical distancing.

In 2020/2021, FNHA approved 114 Indigenous Peoples Day Grants, totaling \$115,940. This represented an 11 per cent decrease from the 2019/2020 fiscal year. In 2020/2021, 130 Winter Day of Wellness grants were approved, totaling \$130,000, a 44 per cent increase in the number of grants from the previous fiscal year.

FNHA APPROVED 114 INDIGENOUS PEOPLES DAY GRANTS, TOTALING \$115,940

WINTER WELLNESS GRANT: YEQWETHET'S COVID-19 OUTDOOR PROGRAM

The Sts'ailes health department, Yeqwethet ("to heal and make things right"), had to cancel its in-person programs due to COVID-19 restrictions. However, rather than cancelling the program, staff at Yeqwethet turned the restrictions into an opportunity to promote both wellness and physical distancing by launching a six-week COVID-19 Outdoor Program.

Supported by a Winter Wellness Grant, the challenge encouraged families to complete an activity outdoors and submit a picture of their activity to a Facebook group. Activities ranged from family hikes to gardening. The program received over 1,400 entries from 260 participating Facebook group members.



INDIGENOUS PEOPLES DAY OF WELLNESS GRANT: SECWPEMCTSIN MUSIC VIDEO

Skeetchestn Community School students and staff collaborated with the First Nations Education Steering Committee to create a [music video sung completely in the Secwepemctsin language](#). The project was funded through the Indigenous Peoples Day of Wellness Grants.

The video is just one part of a language-revitalization initiative that is much desired by the community. "We strongly believe this video will help excite community members and students," said Bryce Ross, Principal of Skeetchestn Community School. "It can help ignite an interest in the language, especially during this challenging time when people are looking for positive things to do. It's an uplifting project that benefits the community."

GOAL 3: Advance Excellence in Programs and Services



Outcome:
Advancements in the quality and cultural safety of programs and services available to First Nations individuals, families and communities in BC.

Part of the FNHA's mandate is to design, deliver, manage and fund health and wellness programs and services for BC First Nations. The FNHA is committed to continuous quality improvement in this space. In 2020/2021, the FNHA focused resources on maintaining essential services and providing funding throughout the fiscal year so that programs and services were not disrupted despite the focus on the dual health emergencies response.

The FNHA continued to expand and develop new partnerships with the provincial health system to support improved transitions in care, increased priority for health and wellness services for First Nations in BC and more efficient use of available resources.

Objective 3.1:

Enhance integration with and access to quality and culturally safe provincial health care services for BC First Nations

The FNHA works closely with provincial partners to advance cultural safety and humility in health services accessed by BC First Nations. Promotion of approaches in jointly delivered programs and services included acknowledging social determinants of health concepts and impacts as well as integrating two-eyed seeing by bringing principles of Indigenous and western ways of knowing together

Primary health care

The FNHA continued work on improving access to high quality, culturally safe primary care services for First Nations in BC, including urban communities and those living away-from-home.

FIRST NATIONS-LED PRIMARY HEALTH CARE INITIATIVE

The purpose of the First Nations-Led Primary Health Care Initiative is to improve access to primary health care services provided by a care team that improves the health and social well-being of First Nations people in a culturally safe manner. It is a partnership with the BC Ministry of Health to collaborate in developing innovative First Nations primary health care service models and delivery formats that also address social determinants of health.

In partnership with participating First Nations and the BC Ministry of Health, planning for 15 First Nations-Led Primary Care Centres continued in 2020/2021. Advancements were made on approaches and tools for Nation-driven governance and planning for operational readiness. These helped to provide for community member attachment and the incorporation of Sacred Knowledge Keepers and Traditional Wellness Practitioners into team-based models of care with allied health professionals.

Ten of the First Nations-Led Primary Care Centres have been selected with five additional selections underway. The Williams Lake First Nations Wellness Centre is scheduled to open. Lu'ma is currently operating as the First Nations Primary Care Centre and is providing direct service to First Nations people and their families in the Vancouver Coastal region.

The FNHA remains committed to quality improvement in primary health care. In 2020/2021, the Medical Affairs and Wellness Office was established, led by **Dr. Terri Aldred.**

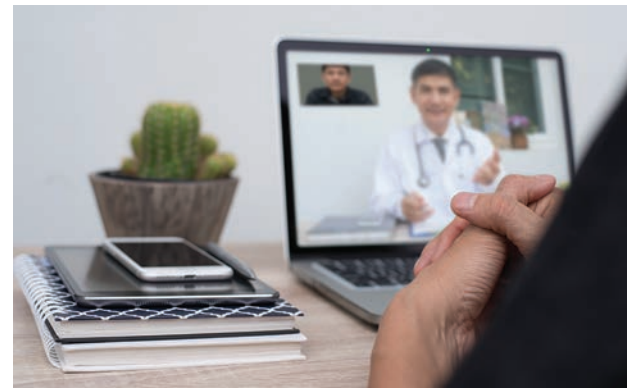
The Office is engaged in supporting a range of quality improvements across virtual services and facilitating key learnings with physicians to support cultural safety and humility being embedded within primary care facilities and spaces.



PRIMARY CARE VIRTUAL SERVICES

In an urgent response to the dual public health emergencies, the FNHA launched the First Nations Virtual Doctor of the Day program and the First Nations Virtual Substance Use and Psychiatry Service to support First Nations in BC having remote access to doctors and mental health and substance use support during the pandemic. The exponential growth in service users over the past year resulted in secured funding to continue and expand the programs.

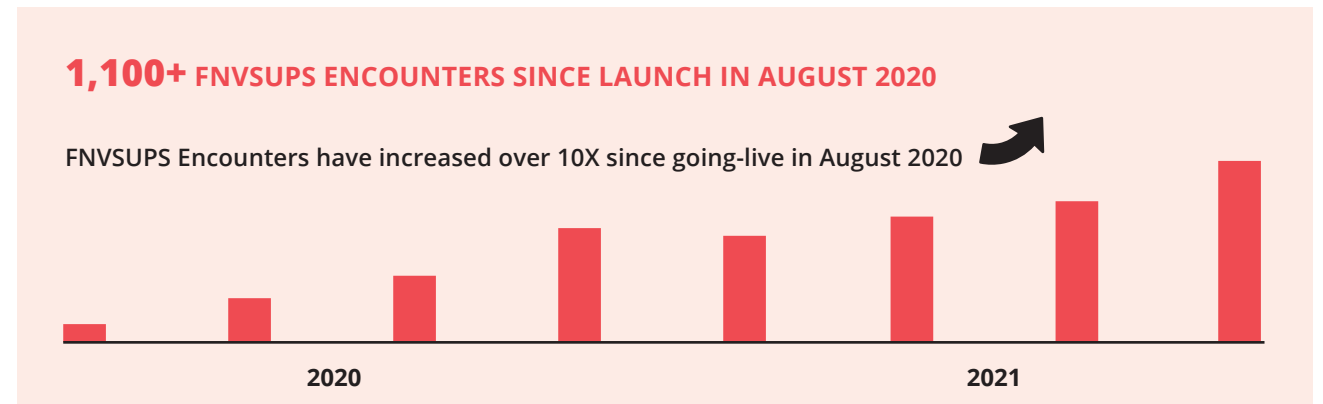
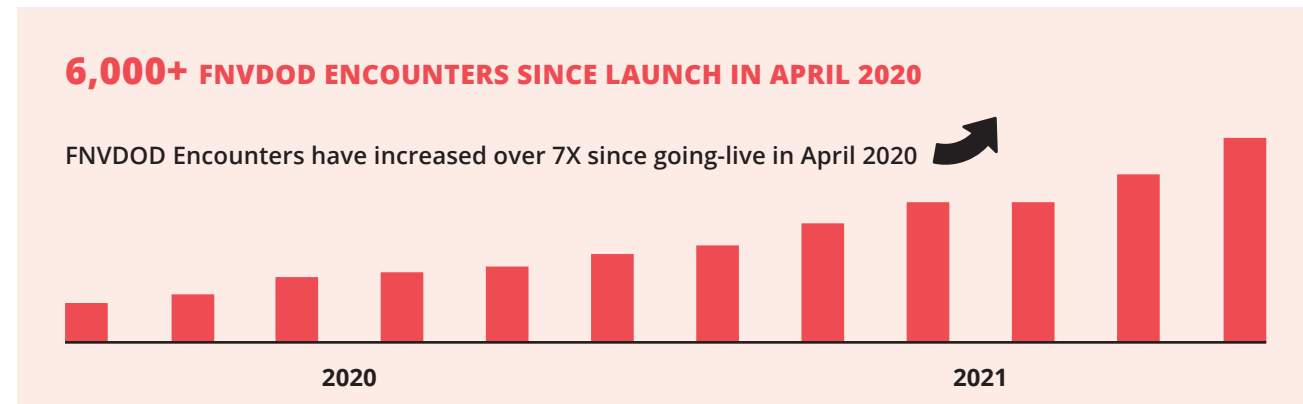
The First Nations Virtual Doctor of the Day program (FNVDOD), created in partnership with the Rural Coordination Centre of BC, provides virtual appointments with doctors who are trained in the principles of cultural safety and humility and are familiar with the unique aspects of rural and remote community health care. The initiative is a popular direct access program for First Nations peoples and their families. Month over month, patient encounter numbers have increased.



First Nations Virtual Substance Use & Psychiatry Service

Your culture. Your comfort. Your care.
Culturally-safe specialist support for your health and wellbeing

First Nations Virtual Substance Use and Psychiatry Service (FNVSUP) is a referral-based service that supports access to specialists in addictions medicine and psychiatry, and mental health and wellness care. It co-ordinates and offers clients different ways to access primary health care services, including through an addictions medicine pathway, psychiatry pathway and care coordinator pathway. Specialists and care coordinators are dedicated to the principles and practices of cultural safety and humility and to delivering trauma-informed care.



“I was very impressed with how quick it was to see the doctor...”

Anonymous survey feedback from a client following their appointment

FIRST NATIONS VIRTUAL DOCTOR OF THE DAY
Your wellness. Your way. Family doctors are on call to provide culturally-safe care, seven days a week.

1. Call 1-855-344-3800 to book an appointment by video or phone.
2. See a doctor as soon as today!

Learn more at [FNHA.ca/VirtualHealth](https://fnha.ca/VirtualHealth)

First Nations Health Authority
Health through wellness

Services are open to all First Nations people living in BC and their family members, including family members who are not Indigenous. If you need urgent medical help, please call 911 or your local emergency response service.

OVER 95% OF RESPONDENTS WHO FILLED OUT THE FNVDOD CLIENT SURVEY:

- Found it easy to make an appointment
- Felt comfortable sharing information with the doctor and asking questions
- Felt the doctor listened to them and understood their reason for the appointment
- Would use the FNVDOD service again
- Would recommend the FNVDOD service to their family and friends

KEY PRIORITY: SERVICE EXCELLENCE – PRIMARY HEALTH CARE

ANNUAL KEY PRIORITY: Advance integration of cultural healing within primary health care settings.

PROGRESS: Completed the report, Honouring Traditional Healing and Wellness Practices: Developing an Ethical Framework for the Respectful Inclusion of both Traditional Healers and Primary Health Care Providers within First Nations-Led Primary Health Care service delivery in British Columbia. A Medical Affairs and Wellness Office was established, led by Dr. Terri Aldred.

ANNUAL KEY PRIORITY: Identify First Nations-led primary health care projects in urban and rural settings.

PROGRESS: Ten of the 15 sites were selected, with five additional selections underway.

ANNUAL KEY PRIORITY: Support First Nations to participate in planning process to inform primary care networks and other primary care services.

PROGRESS: First Nations communities actively participated in the visioning and planning of the First Nations-Led Primary Care Centres, although there were some barriers created by COVID-19. Regional three-year plans for Primary Care Network engagement are in development.

JOINT PROJECT BOARD PROJECT IMPLEMENTATION

The Joint Project Board is a forum between the FNHA and the BC Ministry of Health to support primary health care, maternal and child health and mental health and wellness projects jointly developed by First Nations and regional health authorities. A total of 27 projects with a \$15 million ongoing annual budget are supported through this envelope. Twenty-six projects are spread across BC and one project is provincial in scope. Joint Project Board projects provide services to Status First Nations, as well as other Indigenous People (Métis, Inuit and non-Status First Nations) and non-Indigenous residents. Service locations are primarily on-reserve, but include services to off-reserve and away-from-home populations.

Various service models are used by the projects to best meet the needs of individual communities. These include convenient clinic locations, visiting health professionals, mobile teams, navigators and a combination of delivery models. The services are holistic, culturally safe and often include referrals and navigation of health and social services.

From the latest evaluation for fiscal year 2019/2020, 59 per cent of projects are fully operational and 41 per cent are partially operational, with three more projects fully operational since the previous fiscal year. Overall, 76 per cent of the 165 ongoing direct service delivery positions are filled. Health Directors, project managers and staff and other key stakeholders indicate that Joint Project Board projects contributed to improvements in service accessibility, cultural safety and humility and integration of First Nations perspectives of wellness.

The vast majority of projects are considered flexible and responsive to the needs of communities and individuals. Staff recruitment and retention continues to be a primary challenge.

Mental health and wellness



Mental health and wellness continue to be a priority for the FNHA, particularly due to the need for services and programming to support self-isolation during the pandemic. Approaches included a focus on individual and family wellness, supporting health staff and leadership and communication that highlights resilience.

During the peak months of the COVID-19 pandemic, the FNHA released regular messaging from FNHA leadership. These messages highlighted symptoms of mental health distress and identified possible at-home, strengths-based solutions, including those rooted in family and culture.

MEMORANDUM OF UNDERSTANDING BETWEEN CANADA, BC AND THE FIRST NATIONS HEALTH COUNCIL

The Tripartite Mental Health and Wellness Table allocated \$20.5 million in support of 51 new mental health and wellness initiatives designed and implemented by BC First Nations through the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness*.

The FNHA continues to work with the Ministry of Mental Health and Addictions on initiatives related to the Province's *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*, including the implementation of integrated child and youth teams and funds for treatment centres and land-based cultural and healing services.

Land-based healing and traditional healing continue to play an important role in creating space for and holding up traditional healing and wellness as an essential component of health and wellness for First Nations people. These initiatives are intended to address key goals including healing from trauma, increased availability and accessibility of individual, youth and family-based cultural healing practices and strengthened resiliency.

KEY PRIORITY: WELLNESS

ANNUAL KEY PRIORITY: Hold Traditional Healers gatherings across regions for knowledge-sharing and to inform the development and release of practical guides and tools to support traditional healers and healing practices.

PROGRESS: Traditional Healer gatherings across BC were put on hold as a result of COVID-19. Provincial and regional teams adapted approaches to provide access to and support from Traditional Healers and Knowledge Keepers during the pandemic, including support at vaccine clinics.

FIRST NATIONS-RUN TREATMENT CENTRES

First Nations-run treatment centres support the healing journeys of First Nations individuals, families and communities. The FNHA currently funds ten treatment centers that support access to culturally-based mental health, wellness and substance use services for First Nations in BC. Elders and Traditional Healers are directly involved in delivering care alongside clinical counsellors and addictions specialists.

INDIGENOUS LAND-BASED CULTURAL AND HEALING SERVICES

In response to immediate priorities identified by First Nations in BC, the Ministry of Mental Health and Addictions provided funding to the FNHA to support First Nations-led land-based cultural and healing approaches.

There are now over 147 land-based healing initiatives across BC, including initiatives operating at the community, sub-regional and family, Nation and regional levels. Examples of community-level initiatives include culture-based day treatment programs, youth camps and traditional harvesting programs. Nation-level initiatives include engaging traditional wellness coordinators to support each Nation's unique cultural approaches to land-based healing.

In response to the COVID-19 pandemic, **Aboriginal Head Start On-Reserve programs** are increasingly looking to transition their indoor programs to land-based learning programs. Land-based cultural programming is recognized as being a significant factor in maintaining the health, wellness and cultural identity of Indigenous individuals and communities. Outdoor spaces create opportunity for greater physical activity in general, promoting community health and wellness over the long-term.



KEY PRIORITY: SERVICE EXCELLENCE – MENTAL HEALTH AND WELLNESS

ANNUAL KEY PRIORITY: Develop a trauma-informed mental health and wellness program framework and refresh policies with a focus on First Nations treatment centres and land-based treatment and healing.

PROGRESS: The development of a Trauma-Informed Mental Health and Wellness Program Framework was delayed due to COVID-19. The initial steps completed in the framework will be drawn upon in the development of a Mental Health and Wellness Action Plan in 2021/2022. The FNHA continued funding for ten treatment centres that support access to culturally-based mental health, wellness and substance use services for First Nations in BC.

ANNUAL KEY PRIORITY: Broaden our approach to address substance use to include vaping as an emerging issue and develop an organizational framework to address the health impacts of alcohol use.

PROGRESS: A frequently asked questions toolkit titled “COVID-19- Smoking and Vaping: What’s the Risk?” was produced focusing on smoking and vaping and related COVID-19 health risks. Other youth outreach-focused resources and videos are in development. No progress was made on the framework to address the health impacts of alcohol use due to the dual public health emergencies.

ANNUAL KEY PRIORITY: Establish sustainable funding frameworks for mental health and wellness programs and services, including treatment centres, and work to address the social determinants of mental health and wellness with a trauma-informed lens.

PROGRESS: Funding was extended to March 2022 to support both the Mental Health and Wellness Memorandum of Understanding and National Native Alcohol and Drug Abuse Program. Treatment centres are exploring additional funding opportunities to provide wrap-around services to First Nations clients.

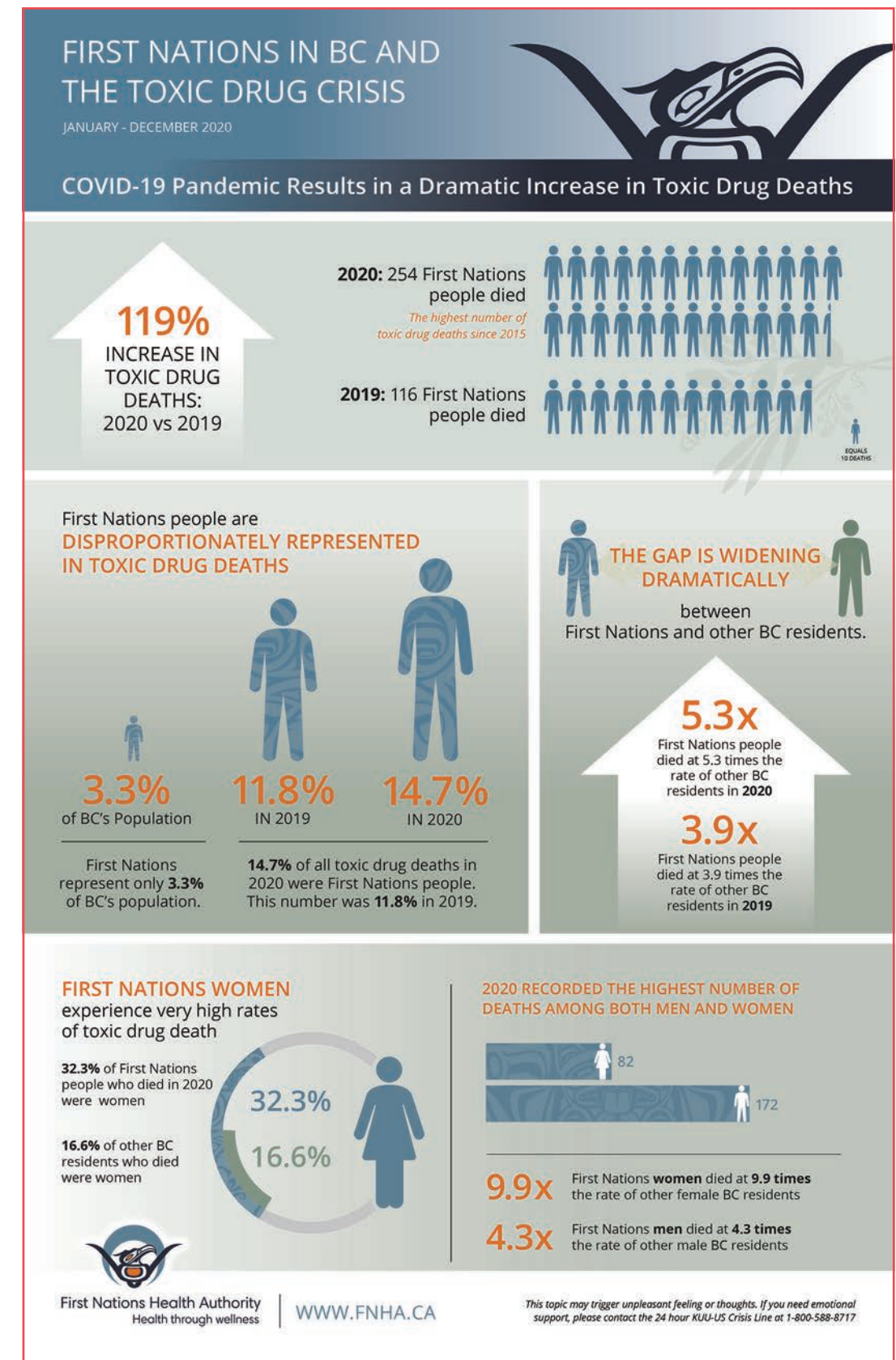
ANNUAL KEY PRIORITY: Expand and pivot opioid response to better reach urban populations, women, men, youth and people serving time or recently released from corrections facilities.

PROGRESS: The FNHA responded to the toxic drug surveillance data released in 2020 by shifting its focus to First Nations women, First Nations individuals transitioning out of correctional facilities and those living in urban centres as these population groups experienced the highest rates of overdose deaths. The FNHA continues to participate in multiple toxic drug focused working groups and advisory committees.

RESPONDING TO THE TOXIC DRUG CRISIS

While the FNHA focused on the COVID-19 response in the past year, our teams never lost sight of the other public health emergency – the toxic drug crisis in BC. In July 2020, the FNHA publicly released data on the toxic drug crisis specific for First Nations in BC, which underscored the surge in toxic drug overdose deaths and need for trauma-informed and harm reduction approaches. From January 2020 to December 2020 there were 254 deaths with an additional 66 deaths from January 2021 to March 2021. We acknowledge and mourn the loss of these lives.

IN 2020, 254 FIRST NATIONS PEOPLE IN BC DIED DUE TO TOXIC DRUG OVERDOSES, REPRESENTING A 119 PER CENT INCREASE SINCE 2019



The implementation of public health measures to reduce exposure to COVID-19 means more individuals are choosing to use drugs alone, instead of with others or accessing harm reduction sites and services. This comes at a time when street drugs are becoming increasingly toxic. The FNHA recognizes the need to address the disproportionate impact of toxic drugs on First Nations peoples in BC, and considers their interests and outcomes at all level of its response.

The *FNHA Harm Reduction Policy Statement* developed outlines opportunities for improving access to harm reduction services.

OPIOID AGONIST TREATMENT AND SAFE SUPPLY SERVICES

In 2020/2021, the FNHA implemented a number of strategies to increase community-level access to opioid agonist treatment for opioid use disorder and safe supply services. The FNHA collaborated with the BC Ministry of Health to build solutions to pharmacy service gaps in rural and remote communities, including prescription drug delivery, and is reviewing the *Controlled Substances Act* with health system partners to address regulatory barriers impeding access to opioid agonist treatment.

The first cohort of registered nurses will begin prescribing medications to treat opioid use disorder as part of the provincial overdose response plan. In 2020/2021, 30 registered nurses and registered psychiatric nurses completed training to prescribe buprenorphine/naloxone, representing a shift in provincial health system care and an important advancement in supporting those underserved and residing in rural and remote areas.

The FNHA's harm reduction workshop **NJN - Not Just Naloxone** went virtual in 20/221. These train-the-trainer workshops support community leaders to develop community-based strategies and services to engage people who use substances.



Objective 3.2:

Achieve measurable improvements to FNHA programs and services

The FNHA continued delivering its ongoing programs and services despite the COVID-19 pandemic, many of which directly relate to and support local programs and services delivered by communities. Some key examples include First Nations Health Benefits, Nursing and Environmental Public Health Services.

First Nations Health Benefits

The FNHA Health Benefits program provides pharmacy, medical supplies and equipment, dental, medical transportation, vision care and mental health benefit coverage. Maintaining high-quality service delivery was a key focus for Health Benefits while facing the COVID-19 pandemic.

In spring 2020, the Health Benefits team responded quickly to public health guidelines to end non-essential travel, and halted all travel-in mental health provision, opting to recommend that these services continue via telehealth and phone. In recognition that COVID-19 might impact parents' ability to begin the application process for infant status numbers required to access health benefits, the FNHA expanded access to benefits for infants without status numbers from 18 to 24 months.

Other COVID-19 specific interventions such as isolation supports, including accommodation, travel and meals, were available for individuals unable to obtain their own accommodations and travel, workplace, exposure, illness or vulnerable group criteria. Health Benefits operating hours were extended to support co-ordination of rooms and meals for individuals who were eligible to receive isolation or quarantine support. These supports were integrated into the response teams' larger regional supports.

The Health Benefits pharmacy team developed a process for communities to request and receive naloxone along with kits to support safe use. A key achievement was the development of a pricing and distribution agreement with the manufacturer, allowing for larger quantities of nasal Narcan becoming available to communities at a lower total cost and for reduced client exposure to possibly stigmatizing interactions by making a supply easily accessible within a client's community of residence.

In addition to health emergency supports, the FNHA Health Benefits program continued its work on improving services and service delivery for FNHA Health Benefits clients. Since 2013, the client population has grown 9.7 per and now has an eligible population of 151,199 as of March 2021.



2020/2021 challenged the Health Benefits team to tap into innovative resources and technologies in order to maintain its high-quality services.

- The **Mental Health Zoom© Program** was an initiative led by the Health Benefits team to provide Zoom© licenses to FNHA Health Benefits registered mental health service providers. This initiative was also an approach to address access to health and wellness services by leveraging and enabling technology and linking them to health and wellness pathways that are integrated, coordinated, culturally safe and to create timely and accessible service pathways to BC First Nations. The program helped expand virtual counselling services and has been growing since its inception—there were almost 1,500 patient encounters in March 2021.
- The **Healthy Medication Use Program**, an initiative focused on supporting prescription drug safety, was adapted to support virtual pharmacist services. The virtual services are available for FNHA clients requiring additional supports to ensure their medications are working well for them, such as education or changes to medications they are currently taking.

KEY PRIORITY: SERVICE EXCELLENCE – HEALTH BENEFITS

ANNUAL KEY PRIORITY: Establish an evaluation and performance measurement framework for Health Benefits to maintain evolution of the Health Benefits program.

PROGRESS: The implementation of an internal quarterly review cycle addressing client satisfaction, service standards, access and expenditures was completed in 2020/2021. The Health Benefits team is currently working on aligning performance measures with the quarterly planning cycle.

ANNUAL KEY PRIORITY: Work with our partners on continuous quality improvement of benefits, which includes continued engagement with communities and monitoring the status of national pharmacare for potential affordability or access improvements.

PROGRESS: The Health Benefits team continued to strengthen partnerships with the BC Ministry of Health and Pacific Blue Cross through regular meetings in 2020/2021. Processes were developed to manage specialized drug coverage in collaboration with the BC Ministry of Health, the Provincial Health Services Authority and the federal First Nations and Inuit Health Branch.

ANNUAL KEY PRIORITY: Complete a review of the medical transportation program and develop and design an improved approach through a substantive engagement initiative.


PROGRESS: The Medical Transportation Program engagement plan is currently in development. At the end of 2020/2021, the program was exploring virtual engagement opportunities.

ORAL HEALTH

In 2020/2021, the FNHA Oral Health Team completed a project that enables FNHA dental providers to provide silver diamine fluoride as a tooth decay treatment option for children for free to FNHA clients in about 53 communities in BC.

Silver diamine fluoride is a liquid that can be used on cavities to stop tooth decay from growing, forming or spreading to other teeth. It is a simple, painless procedure that can be performed in minutes. In many cases, it eliminates the need for more invasive treatments like fillings, crowns or pulling teeth.





International Year of the Nurse and Midwife - 2020

2020 marks the International Year of the Nurse and the Midwife. Both provide high quality, respectful treatment and care. Midwifery services go beyond assisting childbirth, caring for pregnant women, newborns, family planning and healthy sexuality. Nurses (RN, LPN, NP, RPN) provide care during acute illness, injury, communicable diseases, chronic care, palliative care as well as health promotion and disease prevention. Investing in nurses and midwives will deliver health and wellness. Giving nursing and midwifery the recognition they deserve is important. COVID-19 pandemic has made everyone work even harder including your nurse and midwife – these suggestions of lifting up your hands to your nurses and midwives will acknowledge the good work they are achieving with your community. Thank you for your leadership. *Note "Nurse" represents both nurse and midwife.

<p>SAFETY</p> <ul style="list-style-type: none"> Ensure that the work environment is always safe (physically, emotionally, spiritually and mentally) for everyone Ask if there is anything needed to ensure safety for everyone <p>ENGAGE</p> <ul style="list-style-type: none"> Engage your nurses in dialogue, ask your nurses: "What is working well?", "What are the opportunities for change?" Facilitate ways nurses can participate with the health committee Invite your nurses to your community health decision making Invite nurses to participate in community activities (cultural, sports, other events) Ask your nurses for their ideas about health and wellness promotion Set aside time to regularly check in with your nurses <p>PARTNER</p> <ul style="list-style-type: none"> Work in partnership with your nurse Encourage your nurses to seek professional practice support Ensure your nurse is able to network/ collaborate with neighbouring communities, region and health authority so they can share good promising practices with each other 	<p>EDUCATE / PROFESSIONAL PRACTICE</p> <ul style="list-style-type: none"> Support ongoing education, personal development and professional practice Send your nurses to educational conferences (i.e. FNHA Nursing Education Forum). Support continuing education of the nurses' choice Reimburse your nurse's membership fees in nursing associations (other than the licensing body) Create opportunities so nurses are up to date with best practice/promising practice <p>CELEBRATE</p> <ul style="list-style-type: none"> Say nice things about your nurses to others (social media, in-person, meetings), publicly Recognize good work by having a meal together Share a treat to acknowledge good work Extend kind gestures (thank you card, small gift) Celebrate in your cultural way Celebrate and Honour during nursing week (May 11-17) <p>SUPPORT</p> <ul style="list-style-type: none"> Lead a healthy lifestyle by example Make a point to attend all health related activities that are organized for the community 	<ul style="list-style-type: none"> Assist your nurses in promoting your community's health and wellness Support nurses to build knowledge and confidence with members to achieve public wellness (i.e. diabetes, high blood pressure etc.) Assist your nurses to bring difficult health education topics (HEAVENS, COVID, Diabetes, Violence Issues) to members Support your nurse when emergencies arise (wildfires, COVID pandemic, tragic death) Work as a team. Stand beside the nurse as s/he supports the community Share reasonable expectations with the nurse Be aware of nurses' wellness needs and develop a plan so s/he receives important down time <p>FORGING FUTURE PATHWAYS</p> <ul style="list-style-type: none"> Promote nursing as a positive career choice for your youth Invite Indigenous nurses to serve as role models Provide educational opportunities directed specifically for your youth to enter a health career Ensure that finances are not a barrier to your youth entering a health career field of study
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NURSING

Nursing Services is the FNHA's largest direct patient care portfolio. As the COVID-19 pandemic demanded significant clinical response in all communities, improvements to FNHA Nursing Services were the result of nurses standing side by side with community with a focus on innovative work and enhanced partnership.

Process or technical advancements in COVID-19-related care provision included a communications workflow designed to provide up-to-date, clinically accurate leadership for community health providers and clinical decision support tools to guide care and practice. In collaboration with regional health authorities, the FNHA completed and implemented COVID-19 Communicable Disease Protocols in response to rapidly changing clinical evidence. Regional workflows for testing and contact tracing were developed with input from the Communicable Disease Population Public Health team.

FNHA clinical nurse leaders supported community health nurses' evidence-based practice by creating of protocols for airway management, palliative care, managing potential surge capacity, support of COVID-19 testing and care planning, and partnering on the development of critical care modules for remote certified practice. The FNHA supported improving nursing capacity for testing, point-of-care testing and clinical/primary care. Specifically RUDi (Rural Urgent Doctor in-aid) in-aid provided on-demand, peer-to-peer support to health practitioners in nursing station communities.

Recruitment efforts continued, as both the FNHA and First Nations communities contended with rising global demand for nursing services. The FNHA responded to community nursing capacity support requests. In 2020/2021, the FNHA had 277 interim contracts with agencies and approximately 30 positions filled within the FNHA for FNHA-operated sites.

In addition to supporting nursing capacity through training and staffing, community-based point of care testing was made possible by the deployment of seven GeneXpert® System and Abbott ID NOW™ testing units to test for the SARS-COV-2 virus in 2020/2021. Approximately, 200 point-of-care testing medical equipment units were procured for both FNHA and nursing station sites that included both pediatric and adult high-flow oxygen delivery apparatuses. Community and Public Health clinical teams provided clinical guidance, direction and education for COVID-19 response, including vaccine delivery, administration and integration of reporting with the provincial information systems also provided clinical guidance.



On November 20, 2020, the Canadian Nurses Association celebrated the induction of the Inaugural Class of Fellows into their flagship program of the Canadian Academy of Nursing, including FNHA's own Dr. Becky Palmer.

Environmental public health services

The FNHA's Environmental Public Health Services team works in partnership with First Nations leadership to identify and prevent environmental public health risks in First Nations communities that could impact the health of community members. In 2020/2021, four long-term drinking water advisories (LTDWA) were rescinded, and 48 new community-based water monitors and water technicians were trained to further develop local technicians. The FNHA regularly meets with Indigenous Services Canada to maintain progress and focus on rescinding long-term drinking water advisories and other key drinking water issues.

The long-term drinking water advisories listed below are for community and public water systems.

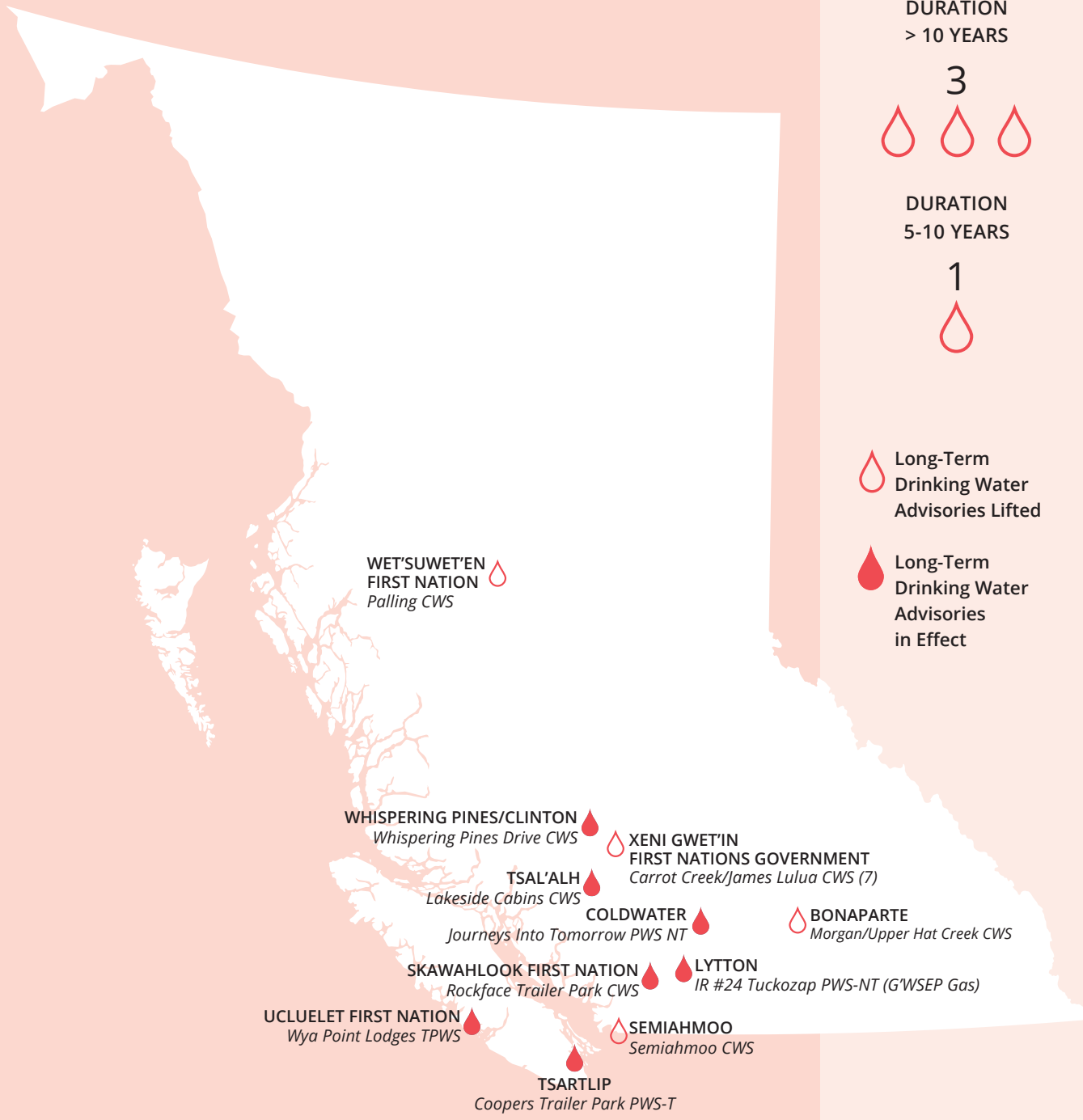
<p>Total = 4 Duration of LTDWA: > 10 Years = 3 5-10 years = 1 Long-term drinking water advisories lifted</p>	<p>8 Long-term drinking water advisories remaining in effect (non-ISC funded)</p>	<p>48 Community-based water monitors trained (new, refresher and backup)</p>	<p>21 courses delivered. 223 Students (98.6% pass rate) Food Safe courses delivered to community participants with a per cent pass rate</p>
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Environmental Public Health Services Grants (e.g., 'Our Community, Our Water' Awareness Grants):
The FNHA supported **12** communities through the "Our Community, Our Water" grant. Throughout these events, communities were able to promote community drinking water instead of using bottled water, and the importance of conserving and protecting community water sources.

Microbiological and chemical samples collected and analyzed by community-based water monitors and environmental health officers in community, public, micro and individual water systems:
29,036 samples were collected and analyzed for bacterial contamination.
623 samples were collected and analyzed for chemical parameters.

BC First Nations Long-Term Drinking Water Advisories for 2020/2021

FIRST NATION NAME
Water system name



Objective 3.3:

Partner with BC First Nations to support delivery of high-quality health programs and services

Health infrastructure and support

The FNHA Community Capital Program offers support to First Nations in BC on the feasibility, design, construction and ongoing operations and maintenance of their community-based health care facilities. The FNHA is committed to a community-based, wholistic approach to health and wellness, ensuring both compliance to the latest in building code regulations and that newly constructed spaces reflect First Nations' interests, beliefs and traditions.

In 2020/2021, the FNHA invested over \$20.45 million in the development of new health facility projects, including \$7.4 million in accelerated construction funding. The FNHA completed \$3.4 million in visiting professional accommodation projects and tracked \$1.6 million in expenditures for repairs and maintenance. Due to COVID-19 response efforts - such as working with program leads and regions to support the procurement, delivery and set-up of COVID-19 self-isolation units within community - meaningful routine inspection work and travel to community was limited. The FNHA adopted creative methods to address immediate health and safety needs within First Nations communities across BC, including providing advice and guidance virtually and utilizing photographs and videos for inspection purposes as applicable.

The FNHA is exploring opportunities for active partnerships and meaningful engagement, adopting best practices and strengthening community relationships and capacity in the development of health infrastructure for First Nations in BC. This fiscal year the FNHA embarked on the renewal of its Multi-Year Capital Plan, including a strategy for engagement to discuss capital priorities and the enhancement of planning approaches.



Transforming community reporting and evaluation

In 2020/2021, the FNHA continued partnering with First Nations on supporting the refreshing of Community Health and Wellness Plans, both directly and through workshops and related resources and discussions on reporting and evaluation transformation. The FNHA is working to collaborate across the organization to offer a wrap-around partnership approach to support communities along their planning journeys as requested.

The FNHA continues to review existing reporting requirements with a focus on responding to First Nations feedback in this area to guide transformation to meaningful community reporting and evaluation. Through engagements with communities since 2012, the FNHA has heard that reporting and evaluation needs to evolve through:

- Improving support to socialize outcomes to community members;
- Facilitating two-way information-sharing between the FNHA and agreement holders; and
- Ensuring all data collection by the FNHA is purposeful and tied to decision-making.

In response to this feedback, reporting and evaluation transformation work is working based on the 7 Directives and through principles such as “no one left behind,” reciprocal accountability and “only ask what is truly needed.” Ongoing partnership work with the FNHDA continues as we move to advance this important work based on engagement feedback.

KEY PRIORITY: RENEWED PARTNERSHIPS WITH FIRST NATIONS

ANNUAL KEY PRIORITY: Evolve funding arrangements, reporting and evaluation approaches, including tracking data meaningful and applicable to communities and the FNHA.

PROGRESS: Community Request Tracker and Dashboards were developed to track funding, reporting and evaluation. The FNHA is reviewing community reporting requirements as part of transformation efforts which are ongoing.

GOAL 4: Operate as an Efficient, Effective and Excellent First Nations Health Organization



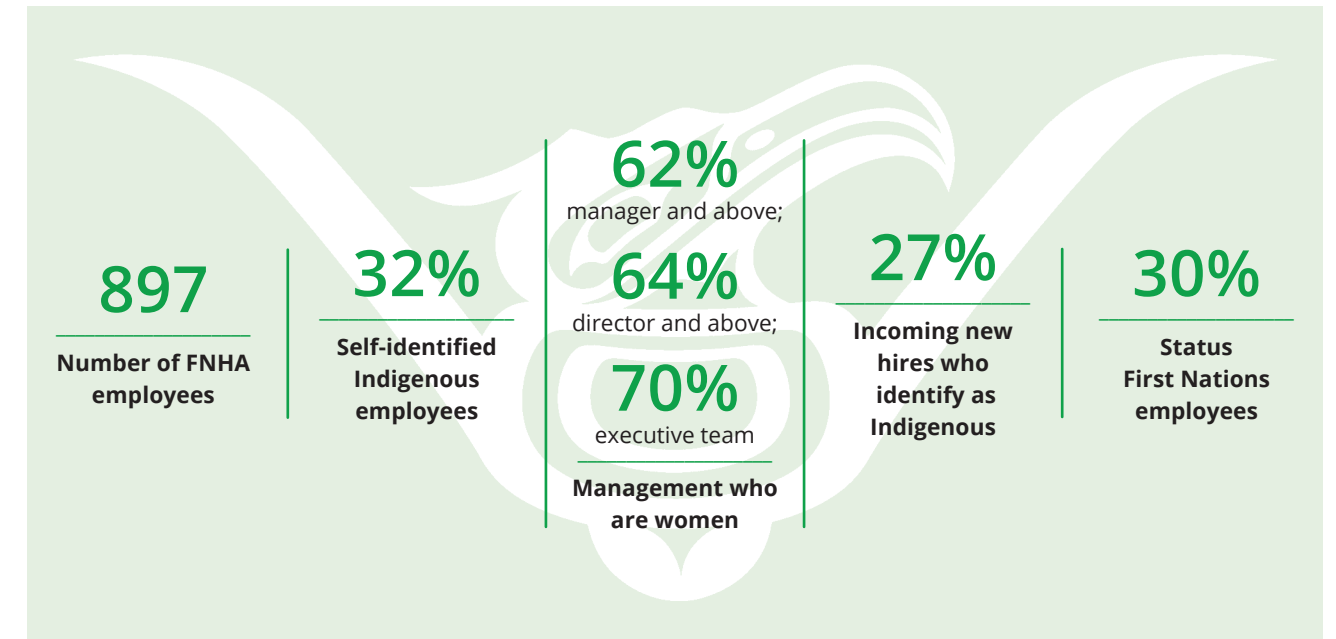
Outcome:
The FNHA is an established leading-edge First Nations health organization.

BC First Nations established the FNHA as their health organization – reflective of their beliefs and worldviews and meeting the standards of the 7 Directives in its operations. The FNHA is committed to creating organizational excellence based on First Nations culture, traditions and teachings and will pursue innovation and opportunities to generate and leverage revenues to reinvest in the delivery of our mandate.

Objective 4.1:

Build strong leadership and foster a First Nations organizational culture

The FNHA workforce 2020/2021



Cultural safety and humility at FNHA

The FNHA continues to prioritize cultural safety and humility as an organization. A requirement of staff onboarding is to take the San'yas Indigenous Cultural Safety Training.



Leading through First Nations teachings

Throughout the fiscal year, the FNHA Chief Executive Officer hosted all-staff podcasts and webinars, providing updates on COVID-19 and encouraging FNHA family members to stay resilient, safe and well. Knowledge Keepers and Traditional Healers provided support in a good way. Human Resources launched two COVID-19 internal sites along with communities of practice specifically to provide leaders and their direct reports with information, tools, webinars and support materials covering topics including resiliency, wellness, safety, working from home, recruitment, managing from a distance and compensation.

In-person cultural events were moved to virtual webinars. Human Resources, in partnership with the FNHA Mental Health team and Tsow-Tun-Le-Lum Elders, launched a weekly Mindful Mondays webinar. The focus of this ongoing webinar gives FNHA family members cultural teachings for body, mind and spirit, to support personal wellness alongside a weekly morning opening to start the week off in a good way.



FNHA staff leveraged Zoom® and Teams and connected virtually, finding ways to infuse culture and connection in their team sessions.

KEY PRIORITY: LEADERSHIP AND CULTURAL DEVELOPMENT

ANNUAL KEY PRIORITY: Explore a training-centre approach to trauma-informed practice and wellness of mental health and wellness staff and community-based providers.

PROGRESS: Vendors were identified for the initial design of staff trauma-informed practice training and work is occurring on implementing psychological first aid training for employees and communities.

ANNUAL KEY PRIORITY: Carry out leadership and succession planning and initiate development of an on-going leadership development program for the FNHA workforce.

PROGRESS: The initial phase of the succession planning initiative was completed. A new performance partnership approach for director-level and above positions is in development with plans to launch in 2020/2021.



Orange Shirt Day

Each year, Orange Shirt Day occurs on September 30 to commemorate the children lost to residential schools and to honour all residential school and intergenerational survivors. Orange Shirt Day was founded by Phyllis Webstand who is Northern Secwepemc from the Stswecem'c Xgat'tem First Nation. Phyllis's story can be found at the following website: www.orangeshirtday.org/phyllis-story.html.

Orange Shirt Day is a day to remember that *Every Child Matters* and that all children deserve a chance to learn, feel loved and thrive within their own families, communities and cultures. Staff were encouraged to wear orange and join a virtual FNHA Staff photo day via Zoom® in honour of Orange Shirt Day and in the spirit of reconciliation. FNHA staff also received a link to a podcast by two residential school survivors who shared their personal stories with those in attendance.

Building timely and sustainable staffing solutions

The FNHA formalized an emergency response structure and filled new emergency response positions, assigning resources as required to support COVID-19-related activities and alleviate additional workload pressures on FNHA staff. The FNHA was able to expand nurse capacity for COVID-19 testing and patient care and address community nursing shortages as a result of the pandemic.

STAFF REDEPLOYED TO SUPPORT COVID-19 EFFORTS

Staff across FNHA were formally and informally redeployed to work on COVID19 response. At the peak of FNHA's response efforts over 20 per cent of staff were redeployed to work on COVID19 response efforts. While the organization was in level three emergency response, most departments supported COVID-19 in their day-to-day work in some form.

STAFF HIRED TO SUPPORT COVID-19

17 new positions created to support the COVID-19 response.

FNHA OPERATED NURSING STATIONS AND HEALTH CENTRES

277 interim contracts with agencies and approximately 30 positions were filled within FNHA consisting of term, permanent part-time, permanent full-time and casual positions for eight nursing stations and 12 health centres.



Partnerships

The FNHA partnered with other organizations such as the Canadian Red Cross. The Ready When the Time Comes Program provides an opportunity for FNHA employees to support the Canadian Red Cross in emergency responses within BC. Volunteers completed a screening and selection process, followed by mandatory training, which will ready them to be called upon to assist if the Canadian Red Cross response exceeds current volunteer capacity.

The FNHA committed 30 employees to work as emergency response volunteers to assist the Red Cross in case of health emergencies.

Objective 4.2:

Foster a healthy and engaging environment that enables personal excellence

Results from the Pulse Check

The summer 2020 employee pulse check survey specifically focused on the experience and adaptations taking place during the COVID-19 pandemic. Themes from the last full HOWL employee engagement survey were also incorporated.

Even with increased workloads and evolving responsibilities due to the pandemic, the FNHA had a high employee engagement participation rate of 72 per cent for the summer pulse survey, coupled with favorable scores ranging from 77–94 per cent. Valuable feedback was received that FNHA family members were grateful for the support to work remotely where possible, increased work flexibility and the commitment the FNHA demonstrated through ongoing communications.



Although the FNHA's pulse survey scores were strong which confirmed that the FNHA should continue many of the strategies developed from the recommendations of the HOWL survey, some areas identified for improvement included the need for conversations around family and childcare, increased cultural and mental health supports and ongoing communications throughout the COVID-19 pandemic.

New communication pathways, focus groups and cultural supports were quickly implemented to support FNHA family members, just as the FNHA continues to look for more opportunities to evolve and grow in order to better serve First Nations communities in BC.

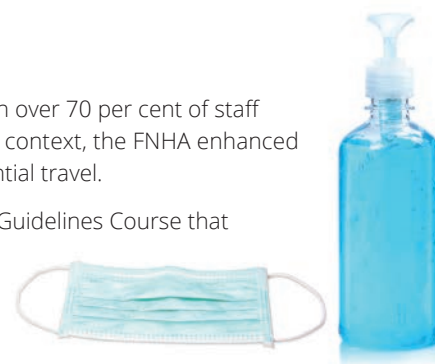
Continuous learning and development

The FNHA continued its Full Circle Speaker Series virtually during 2020/2021 as a way to foster continuous learning and development for staff. The series featured a number of FNHA staff speakers sharing their stories and discussions on transformation and Indigenous health innovation and research as examples.

Occupational health and safety

COVID-19 required FNHA to establish remote work arrangements for many staff, with over 70 per cent of staff working from home in compliance with public health orders. To support staff in this context, the FNHA enhanced the organization's virtual infrastructure and connectivity and cancelled all non-essential travel.

The FNHA promoted a safe workplace environment by launching a COVID-19 Safety Guidelines Course that offered information on its phased approach to safe re-entry into all FNHA work locations. The FNHA also has business resumption and continuity plans in place.



KEY PRIORITY: LEADERSHIP AND CULTURAL DEVELOPMENT

ANNUAL KEY PRIORITY: Explore a training-centre approach to trauma-informed practice and wellness of mental health and wellness staff and community-based providers.

PROGRESS: The Internal Wellness Framework was approved with implementation scheduled for early 2021/2022.

ANNUAL KEY PRIORITY: Carry out leadership and succession planning and initiate development of an on-going leadership development program for the FNHA workforce.

PROGRESS: The FNHA continues to build an engaged and wellness-focused FNHA family by taking action on findings from the 2019/2020 HOWL survey. The Senior Executive Team created monthly virtual FNHA Town Hall Gatherings to keep employees informed and to create a forum for questions with the executive team. The 2020/2021 HOWL Survey was replaced by two shorter Pulse Check Surveys (summer 2020 and March 2021) to gauge organizational response to COVID-19 and employee wellness.

Objective 4.3:

Achieve excellence in operations

FNHA operations continued to evolve last year to support excellence across organizational efforts and quality services. The FNHA workforce encompasses three major functions—direct service, population health and support services—with many staff members holding positions that provide service across more than one of these three areas:

- **Direct Service** (68 per cent of staff): Supporting direct community engagement, direct service delivery, program and service support and funding arrangement relations with First Nations communities and mandated health services.
- **Population Health** (8 per cent of staff): Supporting partnerships, relationships, policy and evidence for effective population health and wellness strategies and health systems that reflect First Nations perspectives of health and wellness. Upholding accountability to First Nations and providing data and frameworks to support community and regional quality improvement priorities.
- **Support Services** (24 per cent of staff): Supporting enabling functions required for sound financial management, technology enablement, effective human resource management and the logistics and assets needed for the organization to function at a high operational standard.

In 2020/2021, the FNHA operations also heavily focused on responding to the COVID-19 pandemic while maintaining operational requirements for ongoing programs and services. The FNHA inherited no emergency management structure and very limited emergency response programming when it assumed the roles and responsibilities previously held by the federal First Nations and Inuit Health Branch. The FNHA quickly established an emergency response structure in response to the COVID-19 pandemic to support the needs of First Nations in BC. In addition to updates noted throughout this report, the FNHA focused on the following activities.

CO-ORDINATION WITH PROVINCIAL AND FEDERAL PARTNERS

Co-ordination with provincial and federal partners, including the Ministry of Health, Office of the Public Health Officer, Emergency Management BC, and Indigenous Services Canada, was bolstered through existing tripartite partnerships and supporting each partner to effectively deliver on their responsibilities.

COVID-19 POSITIVE CASE NOTIFICATION PATHWAY ESTABLISHED

The FNHA established a pathway to inform leadership and health workers about COVID-19 cases in community in a manner that respects the rights and privacy of the patient while ensuring the health and wellness of all.

COVID-19 SUPPORTS AVAILABLE TO BC FIRST NATIONS

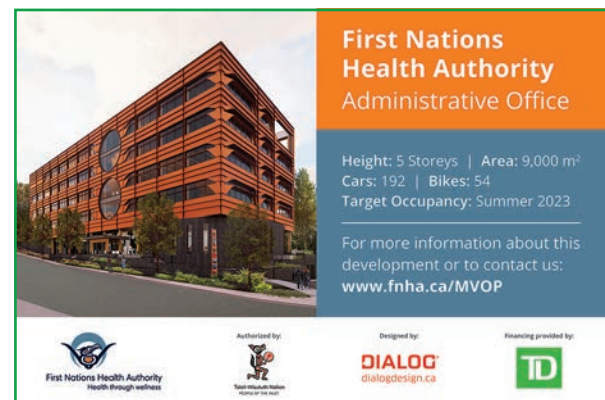
- **Personal protective equipment:** The FNHA worked with provincial and federal partners on access to personal protective equipment for First Nations across BC. As of March 25, 2021, a total of 2,232,315 pieces of personal protective equipment was shipped to the regions for distribution.
- **Checkpoints:** Support for public health checkpoints was provided to minimize non-essential travel into First Nations communities through access control and dissemination of public health messaging.
- **Wage top-ups:** Top-up funding (\$4 per hour) was provided to front line health care providers by the FNHA.
- **Communicable disease emergency preparedness planning:** The FNHA supported Nations and communities to develop or update their preparedness plans.
- **Meal support:** The FNHA processed 1,523 COVID-19-related meals support for individuals required to self-isolate by public health officials.
- **Isolation accommodation support:** The FNHA approved 313 requests for isolation accommodation support.
- **Community based testing equipment:** COVID-19 testing units (GeneXpert® System and Abbott ID NOW™ and Panbio equipment) went live in seven First Nations communities in BC.
- **Access to primary care:** The FNHA established a province-wide First Nations Virtual Doctor of the Day program to support First Nations people who have limited or no access to their own doctors to access culturally safe primary care.
- **Access to mental health and substance use services:** The First Nations Virtual Substance Use and Psychiatry Service was launched to facilitate access to culturally safe mental health and substance use specialists.
- **Health human resources:** A range of health human resources positions were funded to support communities with surge capacity and to support BC's contact tracing program, including nurses, paramedics, community workers and community liaisons.
- **Communications:** An extensive range of tools, resources and materials were developed and distributed and have been widely used by communities.

PRIORITIZED ACCESS TO IMMUNIZATION BY FIRST NATIONS ACROSS BC

The FNHA worked with First Nations communities and provincial partners to prioritize access to vaccinations for First Nations across BC. As of March 31, 2021, all First Nations adults living on all 203 reserves in BC have had access to a first dose of vaccine based on a "whole community" approach. The FNHA's regions continue to collaborate with regional health authority counterparts to plan the rollout of culturally safe mass vaccination sites including cultural supports.

METRO VANCOUVER OFFICE PROJECT

The FNHA is building a new administration office, which will bring teams together from across Metro Vancouver locations on Tsleil-Waututh Nation land in North Vancouver. This project is also part of a long-term goal to move the FNHA's operations into First Nations communities. In 2020/2021, the FNHA focused on:



- Concluding the building and landscape designs,
- Completing competitive selection processes to secure the financing partner and general contractor,
- Preparing the appropriate construction permits and related agreements, and
- Finalizing the land lease with Tsleil-Waututh Nation.

SUPPORTING FUNDING ARRANGEMENTS AND PARTNERSHIPS

Throughout the fiscal year, the FNHA continued to communicate and support First Nations communities in BC through providing direct funding communiques to First Nations on funding or reporting updates during the pandemic. The FNHA funding arrangement staff provided related training virtually and work continued on transformation of funding mechanisms to eliminate barriers and inefficiencies.

ENSURING SUSTAINABLE RESOURCES

The FNHA developed fiscal and multi-year budgets with a focus on sustainability and prudent use of resources which are aligned with our annual key priorities and the multi-year health plan.

OPERATING EFFICIENT AND EFFECTIVE CORPORATE FUNCTIONS

With a focus on continuous improvement and efficiency to improve service delivery, in addition to the significant supports to the dual public health emergencies, efforts also included focus on technical solutions to support corporate functions, process improvements and organizational restructuring to improve service delivery and support.

IMPLEMENTING INTERNAL AUDITS TO IMPROVE FNHA POLICIES

The FNHA corporate policy suite underwent an internal audit with the view to test the efficacy of selected FNHA policies and to strengthen the entire suite. Our Corporate Policy team is working to implement the recommended changes from the internal audit.

KEY PRIORITY: RENEWED PARTNERSHIPS WITH FIRST NATIONS

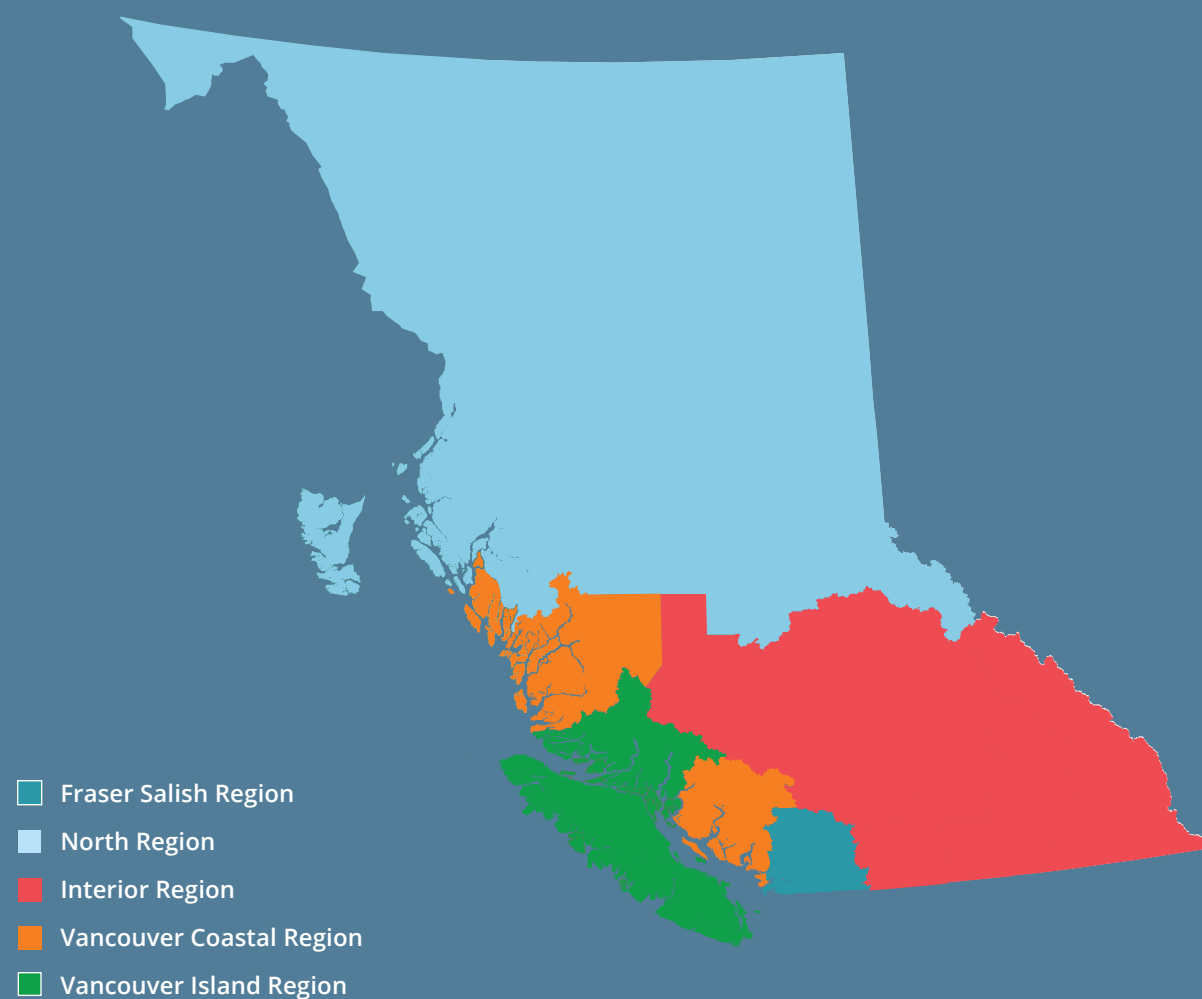
ANNUAL KEY PRIORITY: Implement an approach to partner with communities, Nations, health service organizations and Health Directors on corporate governance and support capacity and services. This may include support for health governance development, planning, reporting, human resources, corporate policy, information management and technology and finance.

PROGRESS: Information Management/Information Technology aided in the COVID-19 response through digital and virtual initiatives that supported community engagement, Virtual Doctor of the Day and Substance Use and Psychiatric Services programs, the Mobile App and bandwidth capacity in eHealth locations. The FNHA reviewed existing reporting requirements and is considering recommendations to focus on outcomes-based reporting, enhancing meaningful reporting, and, where possible, to reduce the reporting burden on communities.

This fiscal year included more flexible reporting deadlines due to COVID-19 pressures, continued training sessions for communities through our partnership with the FNHDA, which included a three-part webinar on funding agreements. Funding Arrangements 101 was presented to 36 individual communities at their request.

Regional Health and Wellness Plans

There are five FNHA regions—Vancouver Island, Vancouver Coastal, Interior, Fraser Salish and Northern—and each has a unique regional health and wellness plan which is central to both informing and advancing the Summary Service Plan. The plans reinforce the relationship between the FNHA and BC First Nations communities and ensure that the FNHA’s work responds to local and regional priorities.



Vancouver Coastal Region



The Vancouver Coastal Region response to Covid-19

COVID-19 RESPONSE AND VACCINE ROLLOUT

The Vancouver Coastal Region’s Emergency Operations Centre level three response structure was implemented with a focus on ongoing, responsive and adaptive support to communities. Working with Vancouver Coastal Health on the needs of First Nations communities led to improvements and new protocols with the Aboriginal Health Team and the addition of crucial operational and Emergency Operational Centre leads. The team worked in strong collaboration with First Nation communities, including a COVID-19 Pandemic Cell Phone Initiative which distributed 80 mobile phones to 14 Vancouver Coastal First Nations communities and urban and away-from-home members. Funding for numerous self-isolation units and increased mental health and wellness support to match community needs was provided.

The region championed a whole-of-community vaccine approach for First Nations members which included members living on and off-reserve, community-identified Elders, vulnerable populations in the Downtown Eastside, Indigenous adults over the age of 18 and non-Indigenous people part of a community. The region supported communities with vaccinations by successfully managing many COVID-19 meetings with Vancouver Coastal Region, Chiefs and political leaders regarding vaccine prioritization and rollout. The team supported over 100 community COVID-19 vaccine meetings and over 100 Vancouver Coastal Health/ FNHA vaccine planning meetings.

The region also participated in two Vancouver Coastal Region community meetings, supported by the FNHA Office of the Chief Medical Officer team regarding vaccine hesitancy. When requested, we safely deployed regional staff to support Vancouver Coastal First Nations community vaccine clinics. By partnering in this way, the team facilitated an opportunity to create space, listen, and support communication of information to help and repair relationships. The regional team also received train-the-trainer training on Abbott ID NOW™ and Panbio community-based testing machines, which were delivered to six communities.



Wuikinuxv vaccine staff.

With Vancouver Coastal Health, a communications approach and joint branded letters were established to communicate Vancouver Coastal Health's "1st Vaccine Dose Update." With our health authority partner, clinic locations were identified, including several Indigenous-specific clinics and pop-up or outreach clinics in First Nation communities. Together, we focused on supporting all clinics in the region, regardless of being Indigenous-specific, providing culturally safe vaccination services. Members of the regional team, Vancouver Coastal Health's Aboriginal Health and Nation representatives attended Indigenous-focused clinics and mass clinics expected to have a high Indigenous turnout. Vancouver Coastal Health stood by this commitment by inviting regional staff to volunteer at over ten Indigenous-specific COVID-19 vaccination clinics.

The region supported urban and away-from-home clients by completing the draft Vancouver Coastal Region Urban Vaccination Planning approach, working for more vaccine availability and in-community clinics that embedded culturally safe practices throughout operations at shared planning tables. Indigenous-specific COVID-19 vaccination clinics were held at Lu'ma Medical Centre, Vancouver Aboriginal Health Society, Native Education College, Britannia Community Centre, Culture Saves Lives and the Vancouver Convention Centre.



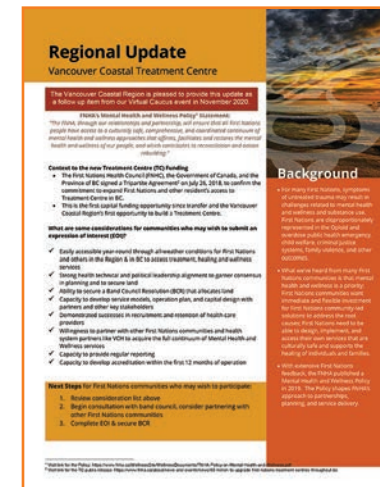
COVID-19 RESPONSE COMMUNICATION AND PLANNING PATHWAYS

The Vancouver Coastal Region, with our Vancouver Coastal Health partners, stood up a one-window approach to communication, a driver in advancing knowledge exchange and regional engagement, both rural and remote, and strengthened the partnership with Vancouver Coastal Health. As partners, we sat at numerous COVID-19 response planning tables together, such as the vaccinations planning and operations table, vaccine campaign meeting, the FNHA vaccine implementation meeting, more than 80 rural and remote meetings, urban COVID-19 response, the Indigenous vaccine planning table, home health planning and population 80/65+.

The Vancouver Coastal Region was able to pivot and redeploy staff members to support the COVID-19 response. Sharing ideas and successes and posing critical questions during regular regional table or Health Director meetings enhanced our engagement, planning and priority setting throughout the COVID-19 response.

The region established communication pathways to facilitate responsive and proactive regional engagement, creating new community-region relationships. For example, communities utilized virtual platforms to stay connected with the regional office and started COVID-19 e-newsletters and COVID-19 vaccine e-bulletins.

Vancouver Coastal Region response to the opioid overdose crisis



The opioid overdose crisis was a high priority for the Vancouver Coastal Region this year. The regional team worked with partners to support urban and away-from-home members, including Kilala Lelum iOAT, Culture Saves Lives, Community Managed Alcohol Program, Western Aboriginal Harm Reduction Society Episodic Overdose Prevention site, and Tenant Overdose Response Organization. The region continues to support the design and development of several new urban opioid response projects to address FNHA data that indicate an increased need to provide support for urban Indigenous people, particularly women.

The region worked with health and political leads to develop a treatment centre update. Several community Expressions of Interest were received. In 2020/2021, all 14 communities applied for the Mental Health and Wellness Memorandum of Understanding Statements of Readiness and the partnership working group approved all but one application. All opioid and overdose funding agreements were renewed for one year and all Joint Project Board Mental Wellness Substance Use Agreements were continued for five years.

ADVANCING IMPROVEMENTS IN MENTAL WELLNESS AND SUBSTANCE USE

The Vancouver Coastal Region's Mental Health and Wellness team expanded to include increased overdose response, harm reduction, project management and youth life promotion. Strengthening work with Vancouver Coastal Health's Aboriginal Health is providing supportive navigation services through the mental health system-of-care for mental health and wellness staff. The Mental Health and Substance Use Virtual Community of Practice was invigorated, focusing on wellness for clinicians.

PROMOTING WELLNESS IN NATIONS AND COMMUNITIES

During COVID-19, regional Aboriginal Head Start On-Reserve staff developed and facilitated a three-part Early Years and the Holistic Vision of Wellness series on early learning and childhood development with fun and interactive activities, a Restart Planning Tool Kit for health leads and intensive Head Start co-ordinators, and an Outreach Delivery Model and implementation documents. The program pivoted to virtual training, webinars and phone call support to assist in the Early Learning and Child Development COVID -19 responses.



Traditional wellness

With the increase in the amount of stress and uncertainty individuals were facing during COVID-19, the traditional wellness co-ordinator supported developing a non-violent communication workshop for Health Directors and mental wellness and community workers to enhance skills in de-escalating conversations. New funding for traditional wellness enabled First Nations to make traditional healing and wellness services available with the intent of community-based organization delivering services by engaging healers to do the work using culturally appropriate approaches. Traditional Knowledge Keepers in community will have the opportunity to participate in regional networking, including additional work with the Indian Residential School Survivor Society.

CULTURAL SAFETY AND HUMILITY AND ANTI-INDIGENOUS RACISM

The Vancouver Coastal Region worked to promote and collaborate on cultural safety and humility practices to support communities. The region worked with the FNHA Quality Care and Safety team on compliments and complaints received from community members to support and follow-up were provided. As a result of the compliments and complaints process, culturally unsafe COVID-19 vaccination experiences were shared back to Vancouver Coastal Health. The regions work closely with the health authority to heal these situations. As health partners, we are committed to working with partners to support all clinics in the region by providing culturally safe vaccination services. The region also engaged in the response to the *In Plain Sight* report. This included chairing two meetings attended by the FNHC, Vancouver Coastal Health, the Fraser Salish Region and FNHA staff to discuss anti-racism work to respond to the report.

Planning, engagement and communication

ENGAGEMENT ACTIVITIES

In 2020/2021, the Vancouver Coastal Region predominantly focused on the dual health emergencies of COVID-19 and the opioid crisis by adapting to a virtual environment to engage with our leadership across the region and with our health and wellness partners in the health care system. Regional engagement included six Regional Tables, virtual Health Director meetings, two sub-regional meetings, Regional Shared Assembly, Regional Governance Caucus, the Aboriginal Health Steering Committee, and operational partnership meetings focusing on COVID-19 response. This past year, the region streamlined engagement, communication and planning to focus on priority areas to support timely reporting and sharing of information at regional technical and governance pathways.



As part of a one-window communications approach, a Virtual Engagement E-Bulletin was established to share regular updates and engagement and training activities with four issues released. Engagement with communities and Nations remains a priority. Community Engagement Coordinators continued to integrate into various planning meetings to support community needs and requests. The region is mindful of the intersection between response and engagement. It continues to be of the utmost importance to support a wrap-around engagement approach and to sequence opportunities in a good way through communication and collaboration within the region and with communities through the development of a Vancouver Coastal Region 2021/2022 Engagement Framework.

Wholistic wellness and health service delivery

HEALTH BENEFITS

Health leads participated in sub-regional virtual First Nations Health Benefit Medical Transportation Review Project Table Top sessions at the November 2020 fall Caucus. Continuous efforts are being made to increase awareness and understanding of all health benefits programs with virtual Health Benefits 101 sessions conducted with several urban and away-from-home clients, partners and communities.

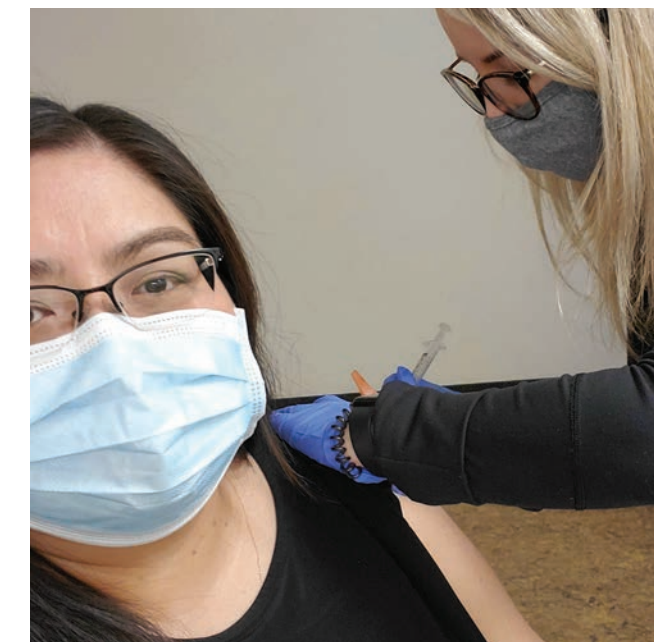
PRIMARY HEALTH CARE

The Vancouver Coastal Region continued working with Nations on the First Nations-Led Primary Health Care Initiative (FNPCI). These initiatives include staff and incorporate professions that address the social determinants of health and reinforce traditional wellness. This year, the Ministry of Health approved the Preliminary Analysis Report for the new First Nations Primary Health Care Centre in the Southern St'at'l'imx sub-region. The site is preparing different community engagement initiatives and will soon start service planning. Drafting of the preliminary analysis report for the Nuxalk Nation FNPCI began and is well on its way. Ongoing funding review, flow of resources and conversations with Lu'ma are occurring including how to share their best practices with other new sites.

The region participated in various collaborative service committees such as supporting the review of Powell River Primary Care Network Expression of Interest, the Sunshine Coast Primary Care Network work, the Terms of Reference in Bella Coola and the preliminary discussions to restart the committee in Pemberton. The region engaged a consultant to draft a report on primary care services currently provided in First Nations communities in the region to develop community profiles, identify with First Nations communities any areas that need further support and inform funding and technical support opportunities. The region also started working with the Vancouver Island Region and the Vancouver Island Health Authority on potential sustainable primary care access for Wuikinuxv Nation members.

NURSING

The community-based nursing teams were instrumental in the Vancouver Coastal Region COVID-19 response. Many nurses gained new skills as their roles shifted to meet the unique needs of the pandemic. The nursing teams continued partnership activities by attending working groups, such as immunization, complaints and compliments, public health programming, palliative care and gender-based violence.



HEALTH EMERGENCY MANAGEMENT

Recognizing that the dual health emergency required a dedicated position to lead the health emergency response, a regional manager role was filled. Coordination calls between partner agencies and communities were hosted to support a one-window communication with Vancouver Coastal Health. The regional manager for health emergency management also worked with the project co-ordinator and all emergency operations centre leads to navigate COVID-19 needs and funding sources. Health Emergency Management took the lead in responding to and preparing for natural and human-made disaster crisis response and supporting the mental health response to community crises, such as Indian Residential School truths.



Health human resources

WORKFORCE DEVELOPMENT AND CAPACITY

The dual health emergencies experienced this year brought to light the need for both emergency response and mental health positions within the Vancouver Coastal team. Mental health and wellness requests from communities increased, and to meet those needs, the Vancouver Coastal Region on boarded four new mental wellness regional team members. In addition, the Regional Mental Health and Wellness team identified a recruitment challenge within the Mental Wellness and Substance Use Virtual team, which provides community mental health and substance use clinicians via funding through the Joint Project Board. In response to this gap, Vancouver Coastal engaged in a partnership with Nicola Valley Institute of Technology to provide a Chemical Addictions Counselling Program to 15 community members interested in this helping field.

Data and research

COVID-19 DATA

The Vancouver Coastal team is conducting ongoing data surveillance work for COVID-19 cases and vaccination rollouts to ensure there is accurate data to support future community response planning.

PERFORMANCE MEASUREMENT

The Regional Health and Wellness Plan is being refreshed, including designing an evaluation of the plan. The 2022-2027 Regional Health and Wellness Plan will be complete for the spring 2022 Caucus. All parties can contribute health concerns and priorities for communities and Nations through the planning process.

Interior Region



Interior Regional Covid-19 and Opioid Response and Recovery

The Interior Region is dedicated to supporting communication, engagement and planning with the seven Nations and 54 communities within the region, as well as with Interior Health and other partners. This year's annual report is unique from previous reports due to the global outbreak of the COVID-19 pandemic.



COVID-19 RESPONSE AND RECOVERY

March 30, 2021 marked one year of the FNHA's level three emergency response structure being in place. This meant that during 2020/2021 the Interior Region team prioritized 80 per cent of our time on COVID-19 and 20 per cent on FNHA operations.

Our focus was operationalizing the public health pandemic response aspects of our Interior Region Emergency Operations Centre, while also continuously refining the function of the Interior Region team to better respond to priority issues, address the challenges of the ongoing dual public health emergencies of the COVID-19 and the opioid crisis, and streamline communications, engagement and funding pathways to support communities and Nations' public health emergency needs.

The Interior Region Emergency Operations Centre is guided by our Unity Declaration principles and the direction from the Interior Region governance structure and engagement pathways, including the Interior Region Caucus. One of the core principles of our work has always been bringing resources closer to home, and this was forefront in our dual public health emergencies approach last year.

2020/2021 was an incredibly challenging year which we faced with unity and in alignment with our Interior Region principles and values. We are honoured to work alongside the leadership of the Syilx, Ktunaxa, Däkelh Dené, T̓silhqot̓'in, Secwépemc, Nlaka'pamux and Northern St'át'imc Nations and proud of the work carried out together as an Interior Region to respond to the dual public health emergencies and to bring resources and decision-making closer to home so that needs could be met on priority basis.

EMERGENCY MANAGEMENT

The pandemic duration and intensity stretched the capacity of the region's Emergency Operations team, with some individuals filling multiple functional roles within the Emergency Operations Centre structure. In 2020/2021, we saw the overlap of Emergency Operation responses for the dual public health emergencies, freshet and wildfire seasons. We are reminded that emergencies do not occur in isolation, and multiple responses are often required concurrently. To support simultaneous response to COVID-19 and environmental emergencies, the FNHA developed tools and guidance documents to ensure response activities (e.g., evacuations) were done in a COVID-safe manner.

Recognizing the limited capacity within the region to respond to long-term and multiple simultaneous emergencies and events, a regional manager of health emergency management position was created this year. This allowed the region to better respond to the pandemic, wildfires and flooding while also continuing strategic, long-term work with communities, Nations and partner agencies to increase emergency management capacity.

A significant investment of time and infrastructure allowed the Region's Environmental Public Health team to establish effective pathways for the procurement and distribution of personal protective equipment, community services, COVID supplies (non-medical personal protective equipment) and vaccines. The region distributed over 10,000 doses of Moderna to point-of-care sites from storage locations and more than 100,000 individual pieces of personal protective equipment to communities. The region now has capacity to store and transport all approved vaccines in both frozen and thawed format, which will prove beneficial for the future.

Throughout the pandemic, the Interior region has continued to work in partnership with internal and external partners to identify and address food security and traditional food access barriers. A Memorandum of Understanding was signed between the FNHA, the BC Centre for Disease Control and the BC Ministry of Health to identify barriers to accessing traditional foods in public facilities (e.g., child and adult care facilities), and to work with the FNHA and provincial environmental health officers to recognize and support safe processing techniques. Funding from FNHA's Indigenous Climate Health Adaptation Program and Environmental Contaminants Program was approved for multiple Interior Region First Nations to support developing food security strategies, community agricultural systems and to re-develop traditional food systems negatively impacted by resource extraction and development, climate change and other impacts to traditional territories.



An Environmental Health Officer delivering COVID-19 supplies to community.



Immunization team going to Tsal'alh by boat, January 2021.

ENVIRONMENTAL HEALTH

Interior Region environmental health staff continued to provide non-pandemic supports to communities. Initiatives included removing the long-term drinking water advisories in Xeni Gwet'in, implementing Indigenous Climate Change Health Adaptation funding to help communities plan for the impacts of a changing climate and supporting multiple regional environmental contaminants research projects to support communities in identifying risks to human health.

NURSING: DISEASE SURVEILLANCE AND RESPONSE

The Interior Region Nursing team supported all 54 communities in the region with COVID-19 testing and immunization. The Interior Health Authority supported and provided guidance for clinical and testing reporting to the Communicable Disease health unit. In many instances, the regional nursing team worked hand in hand with community nurses to provide first and second doses of COVID-19 vaccines.

The regional team also supported the creation of various education resources and toolkits, and also hosted and attended several webinars to support vaccine readiness in community and support safe, efficient and timely clinic operations.

2020/2021 also saw changes in community nursing with some staff moving on to new opportunities or leaving because of COVID-19 fatigue. The regional team supported new orientations for community health nurses and home care nurses.

Interior Health and the Interior regional team worked to support clinical pathways and provide enhanced testing capacity using the GeneXpert® machine in Ulkatcho, Abbott ID Now™ machines in Westbank First Nation and Three Corners Health Services Society in Williams Lake (serving the Northern Secwépemc communities).

A community-based testing reporting pathway was finalized and the Interior regional and provincial teams are supporting training for community health staff that have received the Abbott ID Now™ machines. Progress was made in support of enhancing



Natasha Hatendi, Pam Crema, Carol Machell, Interior Region Nursing Team, FNHA.

clinical pathways. This included the regional team and Interior Health working to update the "Response in Partnership" Clinical Pathway to reflect the role of primary care providers and the resources and tools that may support them to care for their patients, and the creation of the "Implementation of a Community Incident Management Team" activation process, available to First Nations community leadership to prompt coordinated community response to increasing cases, contacts or capacity strains in community.

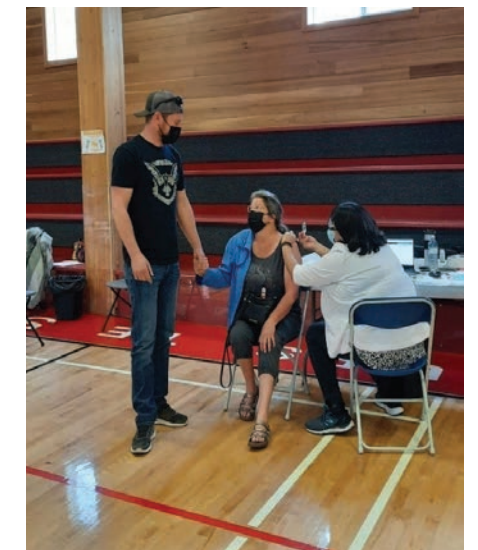
COVID-19 VACCINE ROLLOUT

The Interior Region supported a whole-of-community vaccine rollout approach and focused on cultural safety and humility guiding the urban and away-from-home vaccine clinic planning. Regional staff participated as members of Interior Health immunization planning structures.

As of March 31, 2021, more than 12,000 first doses and 9,000 second doses were delivered in the region. Through the collaborative efforts of the FNHA, Interior Health Authority and Interior region communities, there was 99 per cent efficiency in terms of wastage (i.e., less than 1 per cent of doses were wasted).

During the vaccine rollout, the Interior Region Mental Health and Wellness team offered supports via telephone or virtually. The region also developed a COVID-19 Traditional Wellness Supports resource to connect traditional wellness practitioners with those needing supports.

Members of the Interior Region team also gathered and prepared traditional medicines to offer to community members at immunization clinics and regional ceremonies to support individual wellness, strength and resilience.



Urban and Away-from-Home clinic, Kamloops: Son supporting his Mom with Moderna vaccine.

MENTAL HEALTH AND TRADITIONAL WELLNESS COORDINATION

As part of the level three emergency response and FNHA Interior Region Emergency Operations Centre structures, the Interior Region Mental Health and Wellness team worked to increase regional emergency and crisis response capacity relative to the dual public health emergencies. This work focused on establishing and streamlining the easiest pathways for communities and Nations to access mental health and wellness services.

The mental health and wellness effects of the pandemic on individuals, families, communities and Nations were difficult. The inability to gather, attend ceremonies, be with family and loved ones when they are in the hospital, and ongoing public health restrictions have all contributed to increased needs for enhanced supports and access to resources. The sustained state of the public health emergency throughout 2020/2021 left many in community on the frontlines of health and wellness, in leadership and in other community support roles feeling the negative effects of COVID-19 fatigue and burnout.

Enhanced coordination and collaboration occurred with partners to gather and develop community-facing documents to inform on the various pathways for supports, including new virtual platforms such as the First Nations Virtual Substance Use and Psychiatry Services. Communication was developed early on in the pandemic on a wide-range of topics to support mental health and wellness, including harm reduction, domestic violence supports and COVID-19 fatigue.



Alice George, Interior Region Indigenous Educator, Harm Reduction and Duanna Johnston-Virgo, Mental Wellness & Wellness Manager.

CRISIS RESPONSE

The length and depth of the pandemic stretched the capacity of the regional team to respond to immediate crisis needs. During 2020/2021, the regional team responded to 79 separate crisis incidences. Crisis response leads and other regional team members provided initial crisis debriefing for individuals, groups, families, and community leads. The Interior Region crisis response leads collaboratively worked with Nations to develop training module plans and support capacity in communities. Training included crisis management and critical incident debriefing in community.

TREATMENT CENTRES

Treatment centre access and capacity was exceptionally difficult this year with COVID-19. Before the pandemic, waitlists and bed shortages were the norm, and centres were unable to meet the high needs for treatment. With the pandemic, the need increased significantly. The Interior Region team advocated and supported frontline service providers in accessing these vital services as quickly as possible. The FNHA continues to advocate for more treatment, detox and recovery beds, specifically youth beds.

LAND-BASED HEALING

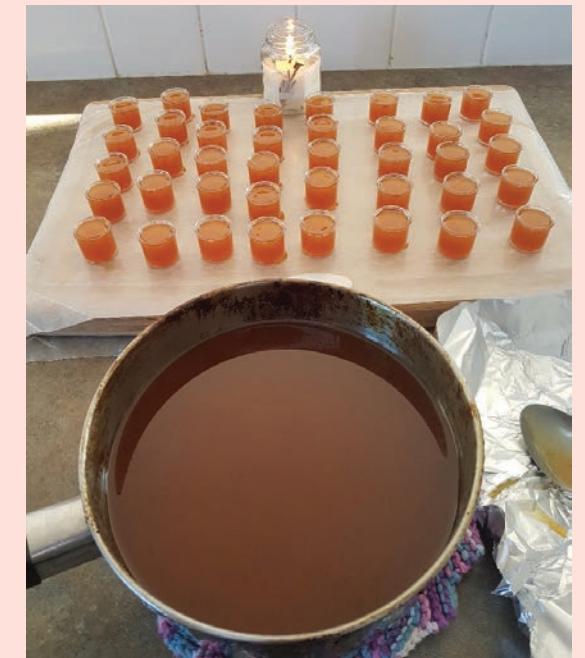
In 2020/2021, COVID-19 gathering restrictions and other public health safety measures substantially impacted land-based healing programs and initiatives. However, some communities and Nations were able to adapt some of their programming to offer smaller group programs, when safe to do so, and to create virtual land-based healing opportunities, including hosting virtual ceremonies on the land and sharing traditional food gathering and processing online tutorials. The Interior Region continues to advocate for streamlined reporting and sustainable funding for these initiatives that increase cultural connection and access to culturally safe wellness opportunities.

YOUTH

With awareness that COVID-related isolation compounded pre-existing barriers to accessing culturally safe and trauma-informed youth supports, the Interior Region team enhanced youth engagement and outreach approaches. The team published a COMIC, which showcased online or virtual resources relevant to the region and that was very well received. Other youth targeted resources included youth focused podcasts, harm-reduction training, poster series, anti-vaping materials and a wellness digital campaign.

The Interior Region strengthened partnerships to expand access points to additional youth supports. One example of this is the regional collaboration with Foundry, which has continued to provide in-person and on-line virtual supports through their integrated service centres across the region.

Jordan's Principle advocacy continued during the pandemic as many of our most vulnerable were more isolated from supports and services vital to their care and quality of life. During fall Caucus in November 2020, Nations passed a motion to support the FNHA to work collaboratively with Indigenous Services Canada to explore new models of Jordan's Principle delivery.



Making Salve.

Opioid response and recovery

During this last year of level three emergency response, one of the regional priorities heard from leadership was the pressing and urgent need to respond to the opioid crisis in the same way that we are responding to the COVID-19 pandemic. Taking this feedback as a call to action, the regional team started the work to stand up an Emergency Operations Centre structure for the Interior Region opioid crisis response. At present, the Emergency Operations Centre Structure for Opioid Response and Recovery is focused on prioritizing four “hot spots” and the Williams Lake area is considered on the “radar.”

This process not only created important linkages between the regional Emergency Operations Centre structures, but also with our partners. For example, we were able to link in at an operational and strategic emergency management level with Interior Health on the COVID-19 pandemic and the opioid crisis, which in turn supported applying the Interior Region and Interior Health’s resources strategically and effectively as part of our collective response to the dual public health emergencies. These learnings will also support the region in the work started to develop a five-year structured opioid response plan.

Key aspects of the region’s opioid response included distributing “drug alerts,” participating in multiple community engagements to address opioid overdose awareness, harm reduction and planning and implementation of strategies to assist communities.

The region continued advocating for equitable and culturally safe access to systems of care (e.g. harm reduction, treatment centres, navigational supports for those in isolation, inclusive of urban and away-from-home members) and escalated the need for increased investment to address immediate gaps, but also allow for more sustainable planning to support longer-term opioid overdose crisis management.

The Interior Region is providing ongoing support to FNHA community partners to pilot community access to opioid agonist therapy. This enables individuals to remain in the community while attending intensive opioid agonist therapy. This was extended to two more Interior communities this fiscal year. There was increased harm reduction accessibility to nasal naloxone supplies, and the “Not Just Naloxone” training was promoted throughout each of the seven Nations to support greater supply distribution and access for communities.

COMMUNICATION AND ENGAGEMENT ACTIVITIES

The central focus of communication and engagement activities in 2020/2021 was supporting communities and Nations to respond to the COVID-19 pandemic. Community engagement topics included: COVID-19 funding and support pathways from the FNHA, Indigenous Services Canada and Emergency Management BC, community-based testing, clinical pathways for COVID-19 positive case notifications, self-isolation pathways, wrap around supports, mental health and wellness supports and the whole-of-community vaccine rollout, inclusive of members living away-from-home. The regional team developed several communications tools to support COVID-19 response on the ground at the community and Nation level.

Ongoing collaboration and partnership with Interior Health through the Partnership Accord Leadership Table, Partnership Accord Technical Table, and various operational planning tables contributed to ongoing refinement and enhancement of the regional communication tools and pathways. As strategic and operational-level discussions resulted in new and improved pathways to activate COVID-19 response and access COVID-19 vaccines, for example, the Interior Region was able to communicate those in a timely way with communities and Nations through updates to communication tools, or direct engagement at the community or Nation level.

VIRTUAL COMMUNICATION PATHWAYS

Over the course of 2020/2021, the Interior Region also amplified communication and engagement activities through virtual platforms to maintain connection and maximize strategic opportunities for regional collaboration and support real-time enhancements to the role and function of the FNHA Interior Region Emergency Operations Centre. At times, this translated into hosting information sessions and webinars with Chiefs and Health Directors, or into collaborative emergency management planning sessions and Table Top exercises with Interior Nations and partners such as the Interior Health Authority and BC Emergency Health Services to identify urgent and priority COVID-19 response needs and priorities and to improve the activation of COVID-19 responses and support pathways.

Other times, the priority of virtual communication pathways was on supporting opportunities for regional or Nation-level ceremony. On December 18, 2020, the Interior Region co-ordinated its first region-wide virtual ceremony, which saw each of the Nations come together in unity to hold each other up in ceremony during a difficult time in their collective response to the dual public health emergencies of the COVID-19 pandemic and the opioid crisis. The regional team also supported a Nation-level virtual health and wellness ceremony to support one of the Nation’s response to ongoing COVID-19 cluster outbreaks in the Nation.

FIRST NATIONS RURAL AND REMOTE FRAMEWORK

In response to the COVID-19 pandemic, the intention of the Interior Region Rural, Remote, First Nations and Aboriginal COVID-19 Response Framework is to address the unique needs and context of rural and remote, First Nations and Aboriginal individuals, families and communities in COVID-19 planning and response. Ensuring First Nations communities have the supports required to make culturally safe and informed choices about the care they receive is a priority of the framework, and implementation of the Rural and Remote Framework was guided by co-developed partnership principles including authority, transparency, engagement, equity and evaluation.

Many issues identified by First Nations partners through this process were addressed. Some notable successes include the development and implementation of a positive case notification pathway, implementation of Interior Health pandemic response co-ordinators, isolation supports for community members and transportation pathways to COVID-19. Some outstanding areas include surge capacity, wrap-around supports in isolation (including mental health and wellness supports), and the social determinants of health.

Next steps include a review of the services and supports implemented through the framework (currently underway, led by Interior Health), and partnership evaluation to understand the alignment of this work with the co-developed Partnership Principles and other foundational documents. Further work is required to identify how outstanding items will be addressed, and to explore how COVID-19 recovery (including ongoing mental health and wellness supports and support for long-term COVID-19 symptoms) might be addressed through the Rural and Remote Framework.

PRIMARY CARE

The Interior Region continues to support First Nations partner engagement in the South Okanagan Similkameen, Central Okanagan and Central Interior Rural Primary Care tables as requested by First Nations partners. The Shuswap North Okanagan and Thompson Collaborative Service Committees are continuing to partner with First Nations and the regional team to support communities and/or Nations as requested.

The Williams Lake First Nations Wellness Centre is the first project under the First Nations-Led Primary Health Care Initiative for the Interior Region. While COVID-19 created some barriers, such as gathering restrictions that impacted engagement opportunities, the project was able to move forward with the Nations at their own pace. Project accomplishments for 2020/2021 include submitting the draft service plan and budget to the BC Ministry of Health and the FNHA for review and beginning the approval process and initiation of the design phase.

HUMAN RESOURCES AND BUSINESS CONTINUITY

As a result of the dual public health emergencies, the Interior Region team operated within the confines of the FNHA level three emergency status for the entirety of 2020/2021. As a result, the regional team focused efforts on implementing a stabilization approach towards both business continuity and regionalization. It is critical to have the resources needed to ensure stable and consistent capacity to support regional core work before moving forward with the future transformational aspects of regionalization.

This past fiscal year saw significant improvements in recruitment of hard-to-fill positions due to the FNHA’s new work from home flexibility during the pandemic and the ability to adapt work environments to support employee health and wellness. We implemented the Interior Region “Wellness Circle,” an online blog supporting the wellness of the Interior team with virtual sharing of resources.

Northern Region



The priorities and strategic directions identified by the Northern Region's 62 communities have guided the work of the Northern regional team over the past seven years. The region comprises seven communities in the Northeast, 28 in North Central and 27 in the Northwest, each with its own unique resources, needs and connections. The Northern Region's main channels of communication are through the Community Engagement team, which maintains strong relationships with community health leadership and members.

In 2020/2021, there was a heavy focus on the COVID-19 pandemic, toxic drug crisis and escalating conversations on anti-Indigenous racism. The region strived wherever possible to implement virtual solutions to overcome restrictions associated with gatherings, responded as needed to the dual public health emergencies and supported emerging anti-Indigenous racism work. The Northern Region virtually hosted the sub-regional gatherings and Regional Health Assembly, and the Northern Region Community Dietitian co-led an "Anti-Racism Community of Practice" with Northern Health to improve current nutrition practices by considering colonialism and inherent systemic racism.

The Northern Region response to Covid-19

RURAL, REMOTE, FIRST NATIONS AND INDIGENOUS COVID-19 RESPONSE FRAMEWORK

The FNHA and Northern Health co-created and implemented a *Rural, Remote, First Nations and Indigenous COVID-19 Response Framework* and set up an emergency operations centre in the Northern Region. These structures effectively responded to clusters of COVID-19 cases in First Nations communities. Services provided by these structures included cohort locations, patient transportation, COVID-19 vaccinations and helpful communiques. Isolation supports were also delivered to a total of 422 individuals throughout the region.



NORTHERN REGION IMMUNIZATION ACTIVITIES

During the fiscal year, the FNHA, Northern Health, First Nations communities and Métis Nation BC, along with the Native Friendship Centre in Prince George, co-developed and implemented a "Cultural Safety Plan for Mass Immunization Clinics in the Northern Health Region" that aligned with and built upon Phase 2 of BC's Immunization Plan by focusing on the following:

- The delivery of culturally safe and humble immunization services;
- Increasing involvement of Indigenous peoples in the delivery of health care services;
- Improving access to services (for both Indigenous and non-Indigenous clients); and
- Ensuring a positive culturally safe experience with the health system.

Immunization clinics were held in all 62 First Nations communities in the North and in 26 urban settings. Rolling shipments of medical supplies and vaccines were delivered to communities, including 10,411 dose one vaccines and 2,138 dose two vaccines. Time sensitive and repeated engagement with all communities over the course of the year was required to meet the needs of the 65+ population, 18+ population, youth clinics and dose two requirements. To illustrate the volume of clinics involved, in one sample week between February 24 and March 3, 2021, there were over 19 vaccine clinics co-ordinated by the regional team across the North.

Through partnership, the Northern regional team supported the timely and safe distribution of vaccines to communities, despite inclement weather and the need for considerable travel across a region the size of France. For example, Northern Region staff members drove eight-and-a-half-hours through falling snow and high winds to deliver 110 vaccines to the Sauteau First Nation as part of sustained efforts to vaccinate all BC First Nations as quickly as possible.

The team also arrived with eleven vaccine vials for a clinic in a remote community the following day, and picked up another 200 vaccines in Fort St. John bound for Fort Nelson with Yellowhead Helicopters Ltd. supporting us to ensure speedy travel.

As another example, Chief Sharleen Gale welcomed the FNHA Northern regional team and vaccines to Fort Nelson with a smudging ceremony before transferring the vaccines to the clinic itself.

None of this would have happened without the unseen but vital work of the regional operational team who scrambled from the start of the crisis to get facemasks, hand sanitizer and even a fridge to communities in need of personal protection equipment and other supplies.



FNHA North Reception Area.

At the beginning with supplies in short supply, the FNHA team counted out individual needles and facemasks to ensure every community had what it needed to keep its members safe.

After discovering that hand sanitizer is classified as a dangerous good and Canada Post would not mail it, the team was forced to quickly find private sector alternatives as communities were desperate for supplies.

The team had to count needles individually to make sure every Nation got what they needed, and in the end, that is what happened with 8,417 packages coming in and 6,699 packages going out to communities in the 12 months to March 2021

The Northern Region response to the opioid overdose crisis

The Northern Region positioned the toxic drug crisis as an integral part of the work being completed through the regional emergency operation centre. Activities included supporting the FNHA and Northern Health in weekly meetings, joint collaborative discussions on the opioid overdose crisis and participation in “Peer Capacity Building and Engagement Network Steering Committee” meetings. The Northern Region also collaborated with Northern Health and community support organizations to develop and promote “People with Lived Experience” work. In response to November 2019 sub-regional feedback, the Northern Region Mental Health and Wellness team also responded to requests for support from community, with North Central submitting the greatest number of requests for information on withdrawal, naloxone, addiction services, opioid antagonist therapy and substances. Additionally, the North East and North West requested cultural and traditional healing supports, including those for intergenerational trauma, Indigenous harm reduction, grief and loss. The FNHA arranged for “Two-Eyed Seeing Supervision and Peer Supervision Training” to ensure partnered and Indigenous-targeted roles within the Northern Region were able to access culturally and clinically integrated supervision and training.



REVITALIZE TRADITIONAL WELLNESS

Traditional Wellness Implementation

In 2020/2021, the Northern Region launched a cultural healing program and helped develop community-facing traditional wellness workshops with communities. The launch of the weekly “Northern Sky Traditional Wellness Circle” increased opportunities to connect with communities during the COVID-19 pandemic and elevate traditional wellness practices and land-based healing in the region. Funding for cultural and land-based healing programs was secured for 2021/2022 and we have begun developing structures and engagement processes to ensure all programming is community-driven and responsive to local-level need.

The region proposed an engagement strategy for northern communities and stakeholders to ensure the program’s framework was guided by community needs and protocols. The Northern Region began to report out on several land-based healing pilot projects to showcase a variety of innovative program models through community-facing webinars. The region continues to support the establishment of cultural

supports under the Indian Residential School Survivors Society Program and promote further work in this area within community.

Cultural Safety and Humility and Anti-Indigenous Racism Initiatives

The regional team collaborated with the Northern Regional Table and Northern Health to create a sub-working group to the Northern First Nation Health Partnership Committee Cultural Safety Working Group to discuss the allocation of four newly allocated First Nations-specific Indigenous Patient Liaison/Navigator positions and how such roles might enhance service quality and help address systemic anti-Indigenous racism.

Through partnership, the Northern Region, Northern Regional Table and Northern Health created a cultural safety strategy to guide continuing work. The Northern Region reemphasized the importance of cultural safety in relation to the 62 communities it serves in Northern BC and provided regular updates to the Northern Regional Table on the regional approach to developing the cultural safety strategy as driven by community-based needs, including proposed cultural safety priorities to incorporate into Northern Regional Table members’ feedback and the internal cultural safety working group action plan.

The regional team supported the creation of a transparent cultural safety communication strategy to relay up-to-date information on progress, which allowed health and community leaders to stay informed. The region also maintained a “Sacred Knowledge Keepers” database to recognize and invite Traditional Knowledge Keepers to share their wisdom and expertise with others, including Indigenous Focusing Oriented Therapists, pipe carriers, northern drum groups and those with knowledge on traditional medicine, midwifery and drum healing.

Building and Sustaining Community Capacity to Promote, Preserve and Restore Wellness

In 2020/2021, several activities took place in the region to support capacity building in relation to wellness, and in response to community requests for nutrition and food security support. The FNHA Northern Region dietitian and community food security co-ordinator continued to map out existing nutrition, dietitian and food security services and supports available in the North, respond to and document community-level requests for support, and identify nutrition and food security related service gaps to inform work going forward. The co-ordinator also participated in provincial working groups to raise awareness of the unique food security challenges experienced by northern rural, remote and Indigenous communities, particularly during the pandemic.

The Nutrition and Food Security team supported the implementation of anti-racism work into current projects, discussions and connections. The primary focus was to support anti-racism work by co-leading the ongoing anti-racism education of dietitian providers in the Northern Region. This group of dietitians meets monthly and explores topics such as anti-Indigenous racism, privilege, systemic racism and racism in health care. The Northern Region also responded to an invitation to explore initiating a two-year project with Northern Health and Nourish Health on how to include traditional foods in the Northern Health hospital system.

Deliver primary health care

Within the COVID-19 pandemic context, active partnership work advanced in 2020/2021 to establish Primary Care Networks in the North.

PRIMARY CARE NETWORKS

The Primary Care team brought communities and partners together in person and virtually to lay the foundation for Primary Care Networks and three dedicated First Nations-Led Primary Health Care Initiative sites across the North. This included a reconciliation and commitment ceremony held at the ‘Ksan Historical Village on the banks of the Skeena and Bulkley rivers with participation from the Doctors of BC, Divisions of Family Practice, Northern Health and the FNHA.



‘Ksan Historical Village.

VIRTUAL CARE STRATEGY

With support from northern First Nations communities, the FNHA worked to develop and escalate a virtual care strategy for enhancing equity and access to primary care (including specialists) for those residing in rural, remote and First Nations communities. This work continues.

COMMUNITY BASED TESTING

The FNHA Northern Community COVID-19 Based Testing Initiative aims to decrease testing turnaround times in rural and remote First Nations communities, allowing for quicker COVID-19 communicable disease follow-up by the community health nurse and Northern Health communicable disease team. Led by First Nations communities and in collaboration with Northern Health, the National Microbiology Laboratory and the BC Centre of Disease Control, the FNHA is supporting the implementation of COVID-19 diagnostic and point-of-care instruments in community: (1) GeneXpert®, (2) Abbott ID NOW™ and (3) Panbio™. Communities are encouraged to consider how a community-based testing instrument could supplement current COVID-19 testing processes and partnerships with Northern Health. Currently, the instruments are used to test symptomatic individuals, in compliance with BC Centre of Disease Control guidelines for COVID-19 testing in rural, remote and Indigenous communities.

To ensure comprehensive public health follow-up, documentation and mandatory communicable disease reporting within the BC Public Health System, reporting pathways between the community health nurse and Northern Health medical health officer were developed in collaboration with the Northern Health Laboratory and Public Health team. The pathway ensures proper confirmatory testing is done when necessary, and informs the Northern Health medical health officer who holds responsibility and accountability for communicable disease follow-up within the geographic boundaries of Northern Health.

The FNHA Northern Region has successfully trained community health nurses in COVID-19 point-of-care testing (Abbott ID NOW™ or Panbio™) in nine communities in the North, including two that were rapidly deployed to support a COVID-19 cluster. Communities receiving Northern Region's support also supported the installation of one GeneXpert® testing machine to date. Plans for the future include the deployment of more GeneXperts® and Abbott ID NOWs™ to support anticipated COVID-19 clusters in the North.



COAST TSIMSHIAN MOBILE PRIMARY CARE TEAM

The Mobile Primary Care team hired a project manager to advance the initiative in the areas of scheduling, workflows, recruitment and information flow. A highlight during the year was the FNHA accepting the Joint Project Board funded "Coast Tsimshian Mobile Primary Care Team" Pacific Northwest Spirit Award for excellence in partnership from the Pacific Northwest Division of Family Practice in October 2020. These awards are modelled after the rare and elusive Spirit Bear and represent healing, strength, peace and honour. They celebrate individuals and groups who bring the spirit of the Pacific Northwest to their work in promoting community health and wellness.

NURSE ADVISOR FOR CHRONIC CONDITIONS

The nurse advisor for chronic conditions/ tobacco cessation and reduction worker supported the Northern Region's vaccine rollout, which included helping plan, set up and immunize in First Nations communities. The nurse advisor works closely with the regional dietitian and food security worker to increase northern communities' capacity and education through webinars to prevent and manage various chronic conditions. Two tobacco grant packages were provided to the Northern communities to utilize if they choose.

NURSING PRACTICE SUPPORT TEAM

Due to the COVID-19 pandemic, the Practice Support team had to shift quickly, as did others. The team focused on developing education and resources for community nurses and Health Directors to learn about the very new virus and workplace safety rules, COVID-19 testing by nasopharyngeal swabbing, utilizing personal protective equipment appropriately, and accessing appropriate personal protective equipment to care for patients and clients who were within personal space, or within the six-foot/two-metre distance. As swabbing was rolled out in communities, support was needed to open testing locations that would be safe for patients and staff alike. Training in the transportation of dangerous goods became critical for the testing samples to be managed appropriately.

The team switched to supporting communities in the management of COVID-19 cases, with information, guidance, advocacy and co-ordination of services. There was a need to provide support directly in community as staffing shortages across the province, nation and world took their toll. The team supported vaccine planning at the higher levels of FNHA, and with education in the handling of vaccine, the Immunization Competency Certification assessment of immunizers, and rollout of the vaccines to communities. Support was also provided for planning at the community level, and the team went out to communities to directly support providing vaccines to patients when additional nurse needs were identified.

The team also continues to support the mandatory Community Health and Home and Community Care programming and operational events, including supporting with any disengagement from health service organizations. Community Health Directors and elected leadership were supported with information pertaining to health programming to enable them to plan for their own health programming needs, post-disengagement. Support for managing chronic conditions, such as HIV/Hepatitis C, diabetes, palliative care and others also continued.

The team supported nursing and allied health staff through phone calls, emails and other connections to provide a listening ear. Staff mental health quickly became an issue that demanded attention. Resources and supports were made available and provided to community staff. Many individuals worked hard at the community level and because of them there is so much to be thankful for: that COVID-positive patients were supported in isolation, that testing was made available, that care was provided, and that vaccines were provided as well. The losses were significant, but would have been worse without everyone's important and hard work.

Support maternal and child health

In 2020/2021, the Northern Region was focused on the COVID-19 pandemic, toxic drug crisis and other priority areas. Going forward, the region foresees further progress in the area of maternal and child health.

Improve population and public health

Of the five health regions, the Northern Region has the highest percentage of clients living in the same region as their home community (83.8 per cent). Nearly two per cent reside in an unknown community, six per cent in other BC regions, and eight-and-a-half per cent reside outside of BC. In an effort to support this urban and away-from-home population (97 percent of those from within the Northern Region who responded to a recent poll question believed "that the FNHA should invest in urban and away-from-home programming"), the Northern Region partnered with the FNHC, BC Ministry of Health, Northern Health, First Nations communities and others to establish a "Northern Urban and Away-from-Home Strategy."

Co-ordinate emergency and crisis management

Throughout 2020/2021, the FNHA Northern Region coordinated emergency and crisis management, notably through the co-development of a Northern Rural, Remote, First Nations and Indigenous COVID-19 Response Framework. The framework helps BC Emergency Health Services, Northern Health, Northern municipalities and regional districts, the FNHA Northern Region, Northern First Nations, communities, program administrators, service providers and policy-makers to address COVID-19-related management needs within rural and remote areas of BC. The framework supports iterative engagement between partners to establish critical processes and service pathways and an increased understanding of regional and community contexts, and informs a response plan and implementation process that takes into account specific community assets and risks impacting health and wellness, especially in relation to the dual pandemics.

Strengthen partnerships and governance

Ongoing partnership conversations occurred during the vaccine rollout on-and off-reserve when responding to requests for isolation support and seeking clarification and guidance from medical health officers within Northern Health. The Northern Region also collaborated on shared work in relation to health systems and service networks as possible ways to solidify partnerships and further strengthen and mature relationships between the FNHA and Northern Health. In 2020/2021, the FNHA provided feedback on the Northern Partnership Accord, which the Northern Regional Table and Northern Health subsequently approved and signed. The renewed Northern Partnership Accord was shared at the Regional Health Assembly; however, a lack of quorum was achieved and the revised draft currently awaits final approval.

Enhance learning and community capacity

In 2020/2021, the Northern Region focused on responding to the COVID-19 pandemic and toxic drug crisis. Going forward, the region anticipates the resumption of work in this area.

During the fiscal year, the following new positions were created to support community efforts across multiple domains of health and wellness, including Regional Integrated Health Services; term community health practice consultant; crisis response co-ordinator (x2); a chronic conditions nurse advisor; a community engagement coordinator; and a travel and events administrative assistant.

Development internal infrastructure that supports operational plan implementation

This fiscal year the focus was on the dual public health emergencies and escalating conversations on anti-Indigenous racism and cultural safety and humility. The Northern regional team anticipates further work in the year ahead to improve project management practices within the Northern FNHA office.

Fraser Salish Region



An important milestone for the region last year was the approval of the Fraser Salish 2020 Five-Year Regional Health and Wellness Plan at Regional Caucus in December 2020. The updated plan, compiled from foundational and guiding documents and engagement priorities, continues to be represented by the image of a sitel (cedar basket). The handles of the basket represent the fundamental concepts of Letse'mot (everyone working together) and the First Nations Perspective on Wellness. The sitel has six common threads, including cultural safety and humility, which continued to inform all of the region's work. The four "pillars" give shape and structure to the overall plan, and are the outcomes that the Fraser Salish communities wish to achieve (primary health care; public health and health literacy; mental health and wellness and social determinants of health). Fraser Salish's community-driven, strengths-based approach to service delivery was evident across all planning activities and in its response to COVID-19 and the toxic drug crisis.

Cultural Safety and Humility and Anti-Indigenous Racism

The Fraser Salish Region worked closely with its partners to progress anti-racism efforts and improve cultural safety and humility at the health system level, acknowledging the work is about truth-telling and healing rather than blaming and shaming. The Aboriginal Health Steering Committee increased its meeting frequency to monthly to prioritize this important work. The committee proactively responded to the findings of the Lafontaine Report (commissioned by Fraser Health Authority in 2019), the *In Plain Sight* report, as well as numerous examples of inequitable and culturally unsafe care for Indigenous peoples across Canada by endorsing a comprehensive Anti-Racism Action Plan jointly developed by FNHA Fraser Salish Region, Fraser Health and the Fraser Salish Caucus. The plan, approved as an evergreen document in March 2021, sets out seven priority areas: Strengthen Joint Governance, Standards of Practice and Policy Reform, Cultural Safety Initiatives, Implement Compassionate Leadership Culture, Recruitment and Retention, Communication and Transparency, and Complaints and Feedback.

By March 2021 work was taking place to finalize the Aboriginal Health Steering Committee's Terms of Reference and to set up three strategic-level working groups reporting to the committee, co-chaired by FNHC representatives and Fraser Health Authority Board members: Feedback and Accountability; Cultural Safety and Humility Training; and Recruitment and Retention.

Other work during the year to progress regional culturally safe health care included an Indigenous self-identification pilot project jointly implemented by the Fraser Salish region, Métis Nation BC and Fraser Health. Between January and March 2021 every patient accessing the emergency departments at Chilliwack General and Fraser Canyon hospitals was given the choice to self-identify as Indigenous during the registration process. Staff and patient education resources supported positive and safe interactions. People who self-identified were given information on how to access Fraser Health's Aboriginal Health Liaison. The success of the pilot has meant that all emergency departments in Fraser Health will have Indigenous self-identification implemented by December, 2021.

Fraser Salish Region and Fraser Health also explored opportunities to collaboratively develop a new Aboriginal complaints process to support restorative processes in resolving Aboriginal patient complaints and adverse care incidents; and the Fraser Salish region supported the early development of the Fraser Health Aboriginal Employment Strategy. A quality care co-ordinator position was hired. This team member supports Fraser Salish specific quality care, through response to complaints and feedback, rooted in immediate/early intervention based on individual/community culture and healing specific to the client's needs.

The Fraser Salish Region response to Covid-19

REMAINING CONNECTED

In common with many other places in the world, virtual platforms became the primary means to maintain and strengthen relationships between Fraser Salish communities and the Fraser Salish regional team during the COVID-19 pandemic. The fall 2020 Regional Caucus took place virtually, with strong attendance from communities, and cultural grounding with drummers and singers from multiple communities at the beginning and end of each day and at each wellness break.

In response to the pandemic, the Joint Working Group met via Zoom, ensuring connection across the region, as well as allowing important engagement and governance processes to continue to function. The group met weekly during May and June 2020, then bi-weekly until November, resuming (normal) monthly meetings in January 2021. Partners represented at Joint Working Group meetings during the year include the Fraser Health Authority, Friendship Centres, regional mayors, the Royal Canadian Mounted Police, Emergency Management BC, Indigenous Services Canada and First Nations Education Steering Committee.



The Fraser Salish Region also enhanced telephone connectivity to regularly support clients at a safe distance including improving the voicemail-to-email system and increasing telephone access to community relations representatives from the FNHA Health Benefits Program, as well as Aboriginal mental health liaisons and Aboriginal mental health case managers.

The newly created Fraser Salish Programs and Service Supports team found virtual solutions to build community capacity and support wellness journeys to keep First Nations families, communities and cultures strong. Examples include supporting Fraser Salish Matriarchs to share messaging and wise practices around culture, ceremony and gatherings during the pandemic; positive communications created by the traditional wellness advisor to offset bad news during COVID-19; and uploading prayers and songs to a dedicated YouTube channel.

COMMUNITY SUPPORT

Prior to Canadian approval and availability of vaccines, the Fraser Salish regional team was busy supporting pandemic planning and the supply and delivery of personal protective equipment and wellness kits to communities. Fifteen community liaison contact tracing support positions were funded in the Fraser Salish region, which enabled culturally safe contact tracing following positive test results.

The regional team supported training to enable four communities to undertake their own COVID-19 testing, as well as the deployment of Abbott ID NOW™, GeneXpert® and Panbio™ screening equipment, keeping communities safer through point of care rapid testing for anyone with COVID-19 symptoms.

The Fraser-Salish Region supported communities and individuals who tested positive for COVID-19. The Programs and Services Supports team connected to and followed up with every First Nations person who had tested positive for COVID-19 to ensure they had sufficient supports and were able to isolate safely. The team provided wellness kits and outreach for the unsheltered, and supported Indigenous clients in isolation centres. As the pandemic evolved over the year, so did the response. As part of this, meal support was designed so that individuals who had to isolate and may have been unable to work were able to eat. People could access a daily amount per adult as individuals through Health Benefits or via their respective community administration.

Through provincial block funding, communities also had the opportunity to develop or expand their structural isolation capacity for members with a \$45,000 grant for each community. Communities applied the funds in a variety of innovative ways, from renting trailers where members could isolate safely and comfortably, installing structures to minimize surface contact in health buildings, and retrofitting existing community spaces to transform them into entirely self-contained isolation areas.

To assist communities in responding to COVID-19, a grant of up to \$10,000 to update their communicable disease plans was introduced. With support from the FNHA's regional health emergency manager and the Communicable Disease Team, this funding is available until March 2022 with the intention of giving communities the choice to strengthen pandemic response with an updated plan, if they decide they need to.

VACCINES

The Rural, Remote, First Nations and Indigenous COVID-19 Response Framework staffed six COVID-19 response nurses, including two positions in the Fraser Salish Region to support vaccine rollout. A pandemic response navigator and administrator were hired to support the region.



The regional team collaborated with Fraser Health to ensure the COVID-19 vaccine roll-out prioritized First Nations people and followed the FNHA's 7 Directives, in particular Directive #1: Community Driven, Nation Based. Efforts to bring vaccines to those in the region living in community and the away-from-home population were grounded in Fraser Salish cultures and stories on the inherent strengths of First Nations. One Swai'xwe (creation) story in particular informed the work, including the associated communication and education. The story speaks of the power of a young boy sick with leprosy who jumped into a lake. Instead of ending his life as he had intended, he sinks within the lake to find ancestors and ancestral homes, and finds that his saliva has cured the sick people living in the lake. The story illustrates Fraser Salish people's ability to influence others around them through the choices they make, and is an important reminder that this power has always existed. COVID-19 vaccines provide an opportunity to reclaim power to keep Indigenous people in BC safe.

The Fraser Salish Region and Fraser Health prioritized the vaccination of individuals experiencing homelessness, near homelessness, and those residing in an encampment situation and/or experiencing high risk lifestyles. The Fraser Salish Region's outreach efforts led to clinics being hosted in shelters, allowing 890 guests to receive their first dose by the end of March, with continued emphasis on outreach, wrap-around services and a culturally respectful approach for this population.

The partnership and collaboration between the regional team, Fraser Health and First Nations communities resulted in a high uptake of vaccines in all 32 land-based communities. Over 4,000 first doses were administered in community clinics by the first week of March 2021. The entire Fraser Salish team supported the community vaccine clinics with logistics, pre-education, and emotional and cultural support. Community leaders worked hard to efficiently gather the names of members wishing to receive vaccines, sometimes in very short time periods, and maintained lists of back up names so no vaccine doses were wasted.

In early 2021, the Fraser Salish regional team, the FNHA, the Fraser Health Authority, Métis Nation BC and Métis Chartered Communities partnered to administer vaccines during the three weeks of the 65+ Indigenous clinics, with 3,318 Elders receiving their first dose – including walk-ins and those not self-identifying as Indigenous (e.g., family members). Following the availability of vaccines to all Indigenous people in BC aged 18 and over, the same model was used to host 18+ Indigenous vaccine clinics in urban centres from March 2021.

PILLAR: Primary health care

Several collaborative efforts occurred in 2020/2021 to improve access to primary care, support improvements in primary health care programming and integrate First Nations' interests and priorities into primary care services in the region.

PRIMARY CARE NETWORKS

Continued engagement between the Fraser Salish Region and Divisions of Family Practice has ensured that First Nations community voices appear in the planning, development and implementation of Primary Care Networks, with a greater focus on cultural safety and humility. For example, the FNHA and Fraser Salish Region provided feedback on the Langley Primary Care Network Expression of Interest, suggesting that more engagement work be undertaken with land-based First Nations communities and away-from-home populations in Langley, and that greater emphasis be placed on cultural safety. Another example of how engagement is leading to changes that reflect First Nations priorities is the recruitment of a nurse practitioner following discussions between Leq'a:mel First Nation and the Mission Primary Care Network, in partnership with the Fraser Salish Region and Fraser Health Aboriginal Health.

FIRST NATIONS-LED PRIMARY CARE CENTRES

Work advanced to establish three First Nations-Led Primary Care Centres in the region. A service plan was developed for the Fraser West Centre. The Fraser Salish Region also hired a contractor to support engagement with the urban and away-from-home population in the Fraser West sub-region to identify and understand the specific health needs and priorities of this population. In parallel, the FNHA and Fraser Health reached out to the six Primary Care Networks that fall within the Fraser West sub-region to identify areas of collaboration and alignment.

Substantial work also took place in developing the service plan for the second First Nations Primary Care Centre: the Sts'ailes Community Care Centre. The Fraser Salish region worked closely with the Sts'ailes team to plan engagement with the land-based communities and the Primary Care Networks in the sub-region. The team also supported the review of their service plan, and feedback was provided to the planning team on areas of refinement.

PARTNERSHIP ACCORD PRIMARY (AND COMMUNITY) CARE WORKING GROUP

The Partnership Accord Primary Care Working Group met three times between its inception in the fall of 2020 and March 2021. Membership includes FNHA Fraser Salish Region, Fraser Health, BC Ministry of Health and First Nations Health Directors and health leads. The Working Group focuses its work on joint FNHA and Fraser Health priorities within Primary Care to improve primary health care outcomes for First Nations communities in the region. As per the direction of the Aboriginal Health Steering Committee, the working group's scope of work now includes community care, and the name was updated to reflect this.

PILLAR: Public health and health literacy

In response to requests from community leadership and health leads, the Fraser Salish regional team developed over 30 resources, program supports and health literacy materials on topics including violence (intimate partner, gender based, sexualized, domestic), self-harm, healthy relationships, self-love, consent, wellness, chronic health conditions, healthy lifestyles and pandemic preparation. The Fraser Salish team also produced COVID-19 aligned resources and delivered more than 20 webinars to support vaccine literacy, information and education. More than 72 Wellness Initiatives were held in collaboration with Fraser Health on topics such as empowerment, wellness during isolation and vaccine pre-education and awareness.

The Tobacco Cessation - Dads in Gear program resumed in the summer, and the regional coordinator developed wellness based materials and collaborative wellness initiatives to ensure a comprehensive and wholistic approach to chronic health and wellness inclusive of respecting tobacco.

The Fraser Salish nursing team participated in bi-weekly meetings with guest speakers in the first quarter of the year to keep up-to-date with the ever-changing COVID-19 information and data.

Communities were invited to participate in a "Strong Through Summer; Safe Into Fall" campaign to support wellness by concentrating on community health, and in particular chronic health conditions. Several partners actively participated in the campaign to support the away-from-home population, including the Fraser Health Authority, Kikenow Housing, Fraser Region Aboriginal Friendship Centre Association, Mission Friendship Centre and Mamele'awt. The team supported weekly e-blasts and a virtual workshop for multiple communities using a train-the-trainer model.

MATERNAL CHILD AND FAMILY WELLNESS

The Aboriginal Head Start On-Reserve advisor developed a breadth of COVID-19-related materials specific to the needs of each land-based or urban agency to support safe maternal-child health programming with a focus on reducing infant mortality rates.



The team developed, hosted and facilitated three wholistic Vision of Wellness workshops for parents, staff, Elders, Knowledge Keepers, community members and partners. The series was developed as a way to support families during COVID-19 following feedback from Early Years community-based and Early Years urban and away-from-home partners. The workshops focused on mental health and wellness, parenting, and managing programs and services.

The Fraser Salish regional team relied on virtual solutions to support the delivery of Environment Public Health services. For example, community-based inspections and drinking water monitor training occurred virtually or in-person following COVID-19 safety protocols. The team adopted a flexible approach based on community preferences, reports on health status, and efforts to overcome gaps in drinking water sampling (e.g., Matsqui and Katzie First Nations).

In addition to multiple environmental public health service requests through the year, the Fraser Salish regional team supported response to several environmental emergencies, including a raw sewage spill, the Trans Mountain oil pipeline release, and the Hope train derailment resulting in potash ground and water contamination.

PILLAR: Mental wellness and substance use

THE FRASER SALISH REGION RESPONSE TO THE OPIOID OVERDOSE CRISIS

The Fraser Salish regional team worked with partners to advance harm reduction and reduce toxic drug overdoses in the region. Several notable harm reduction initiatives took place during the year. For example, the Fraser Salish Region and Fraser Health redesigned the Riverstone Home/Mobile Detox Program to meet the shifting needs of clients during COVID-19, while combining cultural and western best practices following recent evaluation findings. The regional team partnered with Fraser Health to promote the Lifeguard App to help safeguard those using alone; procured individual-specific harm reduction supplies to reduce off-reserve travel; and provided naloxone kits and harm reduction supplies to individuals providing peer supervision while using to reduce the number of people using alone.

The FNHA, Fraser Salish Region and Fraser Health co-delivered training to nurses/nurse practitioners enabling them to prescribe opioid agonist therapy to First Nations clients within community, with the intention of bringing opioid agonist therapy clinics into health centres in three Fraser Salish First Nations communities. The Fraser Salish regional team and Fraser Health progressed work to establish two Fraser Health-funded episodic overdose prevention sites in two First Nations communities.

A contractor was engaged to undertake an evaluation of the Fraser-River Indigenous Resiliency Support Program (FIRST) Program. The purpose of this evaluation was to identify and share lessons and learnings, and to provide recommendations for future programs similar in nature. Findings will be shared with partner communities once finalized.

MENTAL HEALTH AND WELLNESS

During the pandemic, ensuring access to mental health services was an important focus for the Fraser Salish regional team. Virtual and telehealth opportunities were successfully leveraged with the FNHA Virtual Substance Use and Psychiatry Service. Barriers to accessing the programs were reduced by providing cellphones to individuals through the Rural, Remote, First Nations and Indigenous COVID-19 Response Framework. In-person mental health services continued to be delivered with health and safety precautions for staff and patients. During the year, communities were also encouraged to reach out to their community engagement co-ordinators and the mental health and wellness community co-ordinators for wellness support as needed.



In December 2020, the Mental Health and Wellness Joint Working Group hosted the annual Mental Health and Wellness Forum. There were four virtual events focused on improving mental health and wellness within Indigenous communities (suicide prevention, maternal and child mental health, responding to the opioid crisis and accessing mental health and substance use services). Over 100 participants registered for each of the four sessions. This annual event allows the Working Group to receive direct feedback from communities on service provision, and it also provides an opportunity to inform participants of new and existing resources.

FNHA HEALTH BENEFITS

The FNHA Health Benefits Program provided clients with access to services, including crisis response to support the mental health and wellness of all First Nations people in BC during the pandemic and toxic drug crisis regardless of residence. The Fraser Salish regional team collaborated with partner agencies to ensure access to the FNHA Health Benefits Program and that support was available to COVID-19 positive clients isolating away-from-home who were registered and eligible to receive health benefits.

YOUTH FOCUS

The Fraser Salish Region implemented several youth-focused initiatives, including the joint FNHA Fraser Salish Region-Seabird Island Band "Youth on the Land" initiative to build youth resiliency. Through bi-weekly virtual gatherings during COVID-19, the team delivered a six-session winter series with an Elder/Traditional Knowledge Keeper sharing knowledge and stories with 72 youth participants. Feedback was positive and many of the same youth joined each session.

Applications were invited for a Fraser Salish Youth Advisory Committee to engage Indigenous youth as key leaders in helping the FNHA, Fraser Salish regional team and Fraser Health plan and deliver mental health and substance use projects that meet the needs and priorities of Indigenous youth. All Indigenous youth/young adults 16-24 years of age and living in the region were eligible to gain free leadership training and work experience. Applications and next steps will be reviewed over the next financial year.

PILLAR: Social determinants of health

The regional health and wellness plan includes the social determinants of health as a pillar to ensure that policies introduced across all sectors thoroughly consider health and the health systems' implications of the decisions undertaken to implement them. The plan envisions the Fraser Salish Region working in partnership with other sectors to ensure that health is considered in the development of legislation, standards, major strategies, programs and initiatives. Due to the all-encompassing COVID-19 pandemic, work on social determinants of health will restart in the next fiscal year under the direction of FNHC regional representatives.

Additional priorities

RESEARCH AND DATA MANAGEMENT

The Fraser Salish Joint Working Group requested further information to be gathered to allow leadership to make a decision on the site of the third First Nations Primary Care Initiative (Fraser South – Langley, Abbotsford, Chilliwack and Hope). A consultant was hired to undertake detailed data analysis of the current primary care state in the Fraser South area. The consultant will conduct in-depth analysis using several data sources to ensure that the final decision is supported by robust evidence and data. The region's Programs and Service Supports team developed an interim database to track and report on navigator client data (including COVID-19 data) to better understand why people accept or decline support. This will ensure that the team can identify and address any gaps for First Nations individuals and families.

PLANNING, REPORTING AND EVALUATION

The Fraser Salish regional team engaged a contractor to develop an evaluation framework for the Regional Health and Wellness Plan and develop wellness indicators. The framework will evaluate the plan against its goals, and identify wellness indicators to assess investment impacts and improve efforts and approaches as a region going forward.

REGIONALIZATION

The Fraser Salish Closer to Home/Chémat plan was approved at the fall 2020 Regional Caucus in December 2020. The plan sets out the steps required to meet the Fraser Salish Caucus' goal of bringing decision-making and service delivery closer to community; aligning with processes led by community leadership; and developing integrated models of service including the FNHA, First Nations communities and Fraser Health. The region hired a consultant to develop a business plan to ensure the regionalization work moves forward quickly.

HEALTH HUMAN RESOURCES

With the Regional Health and Wellness goal to increase the number of Indigenous peoples in health careers and to support their advancement in their chosen health career path, a contractor was engaged to conduct an environmental scan of current health professional programs, training and skills/competency enhancement opportunities through post-secondary institutions, First Nation communities and other organizations in the Fraser Salish Region. The contractor will develop recommendations for enhancement and integration activities. The region also started to obtain Fraser Salish specific data from agencies providing grants and bursaries to Indigenous students.

TEAM WELLNESS

Despite not working in offices or attending in-person gatherings, the Fraser Salish team remained connected, and welcomed new team members. The team all supported first dose vaccine clinics in the 32 communities, as well as Indigenous clinics in urban areas and clinics for the unsheltered. This enabled team members to see each other in person (socially distanced).

Randomized coffee get-togethers proved an effective way to remain connected with each other, whereby two team members were randomly assigned to meet for (virtual) coffees. All-staff team meetings, albeit virtually, remained an important way to share the work of the region. Wellness activities included a Christmas Scavenger Hunt in December that lifted team spirits and brought a lot of laughter, wellness healing support and prayers from Tsow-Tun-Le-Lum, team wellness checks, a survey to see how staff were coping during the pandemic, and a sharing activity of all the wellness supports and services available to staff.

Vancouver Island Region



The key purpose of the Vancouver Island Regional Health and Wellness Plan is to establish a common voice and identify common health and wellness priorities shared by all 50 First Nations communities across the Vancouver Island Region.

The Vancouver Island Region response to Covid-19

One of the objectives of the FNHA Vancouver Island Region team is to provide appropriate and co-ordinated response to crisis incidents in community. In alignment with this objective, the regional crisis response lead created a team-based approach to connect with communities for mental health and pandemic crisis planning to support the *Rural, Remote, First Nations and Indigenous COVID-19 Response Framework*.



COVID-19 VACCINE ROLLOUT

The Vancouver Island Region and Island Health partnered on the vaccine rollout to First Nations communities both rural and remote. Immunizations in First Nations communities began on January 4, 2021, based on shared strategic work between the regional team and Island Health. They created a vaccine working group within the Rural, Remote and Indigenous Workstream to provide guidance and oversight and have collaboratively supported over 50 vaccine clinics. Clinics were focused on the first dose of the vaccine with all 50 communities having access, and nine communities receiving their second dose clinics before the extension of second dose guidelines. In early spring 2021, collaborative planning efforts between the region and Island Health were underway to set up clinics to support Indigenous people aged 18+ (phase 3) to access the vaccine.

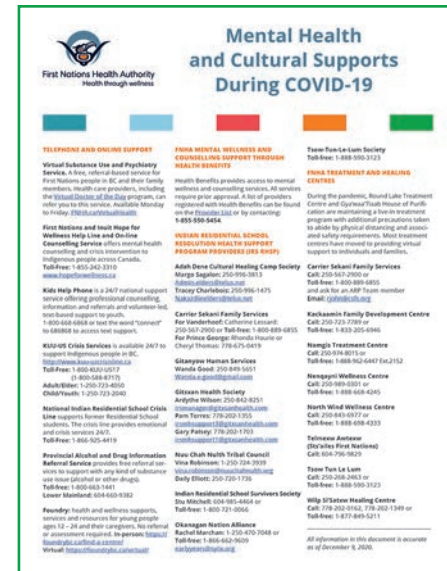
VACCINE ROLLOUT HONOURING TRADITIONAL WELLNESS

The regional team understands the importance of traditional wellness for First Nations people and these traditional approaches were illustrated as the Ahousat community received their first COVID-19 vaccine rollout. The entrance to the community centre was filled with candles and cedar branches, and the proceedings were started with prayers and a welcoming ceremony. Underneath each chair was a cedar branch to support grounding of the emotions; these were changed for each vaccine recipient. Once community members received the vaccine, they had an opportunity for brushings by Uustakyuu members, as well as being offered traditional medicine to drink to help support anxiety and fears. The vaccine clinic closed with a feeling of calmness and gratitude and a circle surrounding the Nuu-chah-nulth Tribal Council Nursing team with the Ahousaht Ha'wilth providing a closing chant. Ninety-three community members were vaccinated in a culturally safe atmosphere.



The Vancouver Island Region response to the Opioid overdose crisis

In 2020, the Regional Mental Health and Wellness team faced an increase in community requests for COVID-19-related mental health supports to address issues including family violence, alcohol and drug consumption, and general mental health during isolation. The team grew to meet the communities' needs, and provided crisis response and support to communities in partnership with Island Health, creating an opioid overdose crisis working group that had calls twice a week. Supports for communities included providing mental health and substance use supports for community members isolating at cohort centres, delivering crisis service to communities as requested, with particular focus on postvention work following overdose and suicide clusters, supporting overdose response initiatives and working toward culturally safe, relevant and accessible toxic drug notifications for communities.



Engagement

REGIONAL PARTNERSHIP ACCORD

In September 2020, the Vancouver Island regional team and Island Health resumed planning meetings after a break during the early COVID-19 response to discuss supporting the refresh of the Regional Partnership Accord work plan and updates.

Traditional wellness

The Vancouver Island Region filled the traditional wellness specialist role in early summer 2020. The specialist has been working closely with the Mental Health and Wellness team to support the memorandum of understanding projects and land-based healing initiatives within the Kwakwaka'wakw family, including Traditional Healers Network, Land-Based Healing with the Nawalakw Healing Society and Traditional Medicines Maternal health project.

The Promoting Resiliency: Grounding Our Health in Indigenous Ways of Self webinar series was well received and over 350 online participants attended. The nine-part series focuses on sharing Indigenous ways of supporting wholistic well-being through facilitation by Indigenous Knowledge Keepers, leaders and Elders. The webinar series has a focus on traditional wellness health and resiliency, with topics such as food as medicine, lung health, traditional medicines, physical activities and cannabis use. The webinar series was created in partnership with community health and wellness group Xpey' Wellness and the Regional FNHA Respecting Tobacco Program.



Mental health and wellness

Regional approaches to mental health and wellness are trauma-informed and seek to address unbalanced wellness through traditional ways of knowing and being. In partnership with Island Health, the Vancouver Island Region helped operationalize a managed alcohol program in the Port Hardy area led by Gwa'sala-Nakwaxda'xw.

Primary care

The Vancouver Island Region is moving forward with the First Nations-Led Primary Health Care Initiative with a Nuu-Chah-Nulth proposal that would integrate mental health and primary care services. The focus for the regional traditional wellness specialist has been respectfully engaging community leads and building relationships with traditional Knowledge Keepers.

Agreement was reached for the implementation of PowerChart access for health service organizations. This will allow clinicians' easier access to client records in order to provide better service to Nations identified as high need in the Rural and Remote Framework due to their remoteness.

Nursing

The regional nursing team worked with Island Health and community partner agencies to build awareness within communities to break the silence on issues of sexual abuse and improve access to support services by exploring outreach opportunities that offer women's health and wellness support, creating a safe space for advocacy and trauma-informed practice for intergenerational trauma. In the Central Island, the nursing team partnered with local community providers and Island Health to promote collaborative responses and culturally safe care for sexual health/violence and wellness issues through the Sexual Assault Responders Program. The partnership with Vancouver Island Region and Island Health to support nursing education is established and underway with a commitment by both partners to continue for 2021/2022.

Maternal, child and family health and wellness

With the move to virtual access to health practitioners, the BC Ministry of Health approved the request for Virtual Midwifery Care with Nuu Chah Nulth Tribal Council. A midwife connects virtually with pregnant women and Nuu Chah Nulth Tribal Nursing staff provide direct care, including weight, blood pressure, urinalysis, Doppler and fundus measurement. A second midwife began working in the North Island with knowledge that increased the capacity to train local health staff on the Neonatal Resuscitation Program.



Cultural safety and humility

The Vancouver Island Region has made anti-racism and cultural safety a key body of work this year. Chiefs in the Vancouver Island Region called for the creation of a task force to work under the existing structure of the Vancouver Island Partnership Accord to respond to the immediate need for action to address racism within Island Health and the broader health system. A Regional Task Force was established to oversee implementation of addressing racism investigation recommendations. Health Caucus meetings were held in the summer for the three families to discuss the work in addressing the racism investigation with Island Health to witness the work around addressing racism.

2020/2021 Performance Measurement



Goal 1

First Nations health governance effectiveness

PER CENT ENGAGEMENT IMPACT

Spring engagement sessions were cancelled due to COVID-19.

Survey results from the Vancouver Coastal and Interior regions' virtual fall Regional Caucus sessions in November 2020

- 91% of Caucus survey respondents reported overall satisfaction
- 63% reported they had the opportunity to contribute
- 63% felt their voice was heard

PER CENT FNHC/FNHDA/FNHA PARTNERSHIP ACTIVITIES ON TARGET

The FNHC, FNHDA and FNHA held two virtual multi-day Joint Planning sessions in October 2020 and February 2021.

COVID-19 delayed some partnership work, while significant additional work occurred in other emergent areas such as multiple and detailed FNHA/FNHC/FNHDA joint meetings and discussions on anti-racism and cultural safety and humility.

Governance partnership effectiveness

PER CENT TRIPARTITE AND BILATERAL PARTNERSHIP ACTIVITIES COMPLETED

Several trilateral and bilateral partnership activities were not held during 2020/2021 due to COVID-19 impacts. However, regular and frequent calls (sometimes daily) occurred between the FNHA Chief Executive Officer, FNHA Chief Medical Officer, other FNHA staff and other partners regarding COVID-19, including for example, the Ministry of Health, Indigenous Services Canada and others.

PER CENT TRIPARTITE AND BILATERAL PARTNERSHIP INITIATIVES ON TARGET

Significant COVID-19 response work took place and regular meetings were held throughout 2020/2021 with partners. Agreements signed include: FNHA-Ministry of Health Letter of Mutual Accountability; FNHA-Indigenous Service Canada Shared Vision Common Understanding Agreement; and FNHA-Ministry of Mental Health and Addictions Letter of Understanding.

Progress was achieved against commitments in both the FNHA-BC Ministry of Health Letter of Mutual Accountability and FNHA-Indigenous Services Canada Shared Vision and Common Understanding.

Goal 2

Health and Wellness partner

WELLNESS MOVEMENT IMPACT

Wellness Grants supported innovative online activities this fiscal year.

- 115 Indigenous Peoples Day of Wellness Grants approved (127 in previous year)
- 130 Winter Wellness Grants approved (compared to 90 previous year)

Top-performing social media posts were on topics including COVID-19, vaccines, general wellness, harm reduction and program information.

CULTURAL SAFETY AND CULTURAL HUMILITY INITIATIVES IMPACT

The FNHA, FNHC and FNHDA jointly developed the Anti-Racism, Cultural Safety and Humility Framework and Action Plan and regions led work with partners locally. Significant FNHA data contributions were reflected in the In Plain Sight report. Steady public access to the FNHA website cultural safety portal was maintained throughout the fiscal year.

NUMBER OF REQUESTS TO USE FNHA MATERIALS IN OTHER AGENCY PLANS/MATERIALS

Requests to use the First Nations Perspective on Health and Wellness were received regularly but were declined due to the uncertainty of ownership of graphic. A protocol for sharing materials is in development.

Goal 3

FNHA and First Nations' health organization partnerships

PER CENT FUNDING ARRANGEMENTS FOR WHICH RECIPROCAL ACCOUNTABILITY TARGETS ARE MET

In light of COVID-19, the FNHA offered reporting deadline extensions to agreement recipients. However, COVID-19 negatively impacted year-over-year progress on the percentage of agreement holders providing annual narrative and financial reporting. Reporting for 2020/2021

- 15% of agreement holders submitted financial reports (66.8% in 2019/2020)
- 22% submitted narrative reports (67.6% in 2019/2020)

FNHA PROGRAM INFORMATION ACCESS

The top FNHA program web-based content accessed was: eHealth and virtual health, COVID-19, overdose and harm reduction, traditional healing and treatment centres.

Service quality

HEALTH BENEFITS OVERALL CLIENT SATISFACTION RATE

In 2020/2021, the overall satisfaction rate for First Nations Health Benefits was 45.5 percent compared with 32.8 percent in 2019/2020.

HEALTH BENEFITS CLIENT SATISFACTION SURVEY	2019/2020	2020/2021	CHANGE
Number of responses received	570	622	52
Proportion of respondents who expressed overall satisfaction with Health Benefits	32.8%	45.5%	12.7%
Proportion of clients who expressed overall satisfaction with Health Benefits, when they had also expressed satisfaction with coverage of their most recent claim	70.7%	77.0%	6.3%
Proportion of clients who expressed overall satisfaction with Health Benefits, when they had not expressed satisfaction with coverage of their most recent claim	6.7%	11.5%	4.8%

HEALTH BENEFITS SERVICE STANDARDS ON TARGET

- Medical Transportation – 78.8% of service standards on target (increase of 13.6% from 2019/2020)
- Pharmacy – 90.4% of service standards on target (increase of 10.6% from 2019/2020)
- Mental Health – 88.3% of service standards on target (new service standard)

PER CENT OF CLIENTS WHO RECEIVED AT LEAST ONE FNHA BENEFIT PER YEAR

Total number of eligible FNHA Health Benefits clients in 2020/2021 was 151,199, an increase of 1.4% from 2019/2020. Of these, 76.7% of clients made at least one health benefit claim in the 2020/2021 fiscal year, which represents a decrease of 4.4% from 2019/2020. The decrease was attributed to service restrictions as a result of COVID-19.

ENVIRONMENTAL PUBLIC HEALTH OFFICER COMMUNITY WORK PLANS OBJECTIVES ACHIEVED ACCORDING TO SERVICE STANDARDS

Despite COVID restrictions, the FNHA Environmental Public Health Services and Indigenous Services Canada, Pacific Region continued a co-operative approach to solving many long-term drinking water concerns and issues. In collaboration with our Nation's leadership and the funding commitment from the federal government, this improved drinking water supplies and eliminated unsafe conditions, enabling the lifting of four long-term drinking water advisories.

CHANGES TO FNHA PROGRAMS AND SERVICES

The FNHA pivoted to various services to virtual or other platforms due to COVID-19, including Nursing, Health Benefits, Mental Health, Cultural Supports, First Nations Virtual Doctor of the Day, First Nations Virtual Substance Use and Psychiatry Service, and Online Treatment and Healing Programs. Additional federal funding for 2020/2021 was available for supports such as mental health and wage top-ups for front line workers in response to COVID-19. The FNHA continued to support First Nations communities to update their health and wellness plan using a transformed approach.

Goal 4

Operational Excellence

PER CENT PLANNED ORGANIZATION-WIDE CULTURAL INITIATIVES ON TARGET

All staff recruitment processes in 2020/2021 included cultural safety and humility questions, and all postings indicated preference for First Nations, Métis, and Inuit applicants.

COVID-19 impacted abilities and capacity to gather to participate in organization-wide cultural activities. However, staff were invited to multiple all-staff virtual gatherings and Human Resources, in partnership with the FNHA Mental Health team and Tsow-Tun-Le-Lum Elders, launched a weekly Mindful Mondays webinar.

SELF-IDENTIFIED INDIGENOUS STAFF

In 2020/2021, 32% of the overall FNHA workforce were self-identified Indigenous (compared to 34 per cent in 2019/2020) and 27% of incoming new hires self-identified as Indigenous.

PARTICIPATION RATE IN ORGANIZATIONAL CULTURAL WORKFORCE

The HOWL Pulse Survey (administered in the summer of 2020 in place of the full HOWL survey during the level three emergency response) achieved 72% staff participation rate. A second HOWL Pulse survey was launched in March 2021.

Information Management Information Technology

PER CENT APPROVED ORGANIZATION-WIDE INFORMATION MANAGEMENT/INFORMATION TECHNOLOGY -RELATED INITIATIVES ON TARGET (SCOPE, SCHEDULE, BUDGET)

Planned Information Management/Information Technology initiatives such as Data Centre Transition, Identity Access Management, and SharePoint were undertaken in 2020/2021 as planned. Other projects were initiated as planned.

PER CENT PLANNED ORGANIZATION-WIDE ENTERPRISE ARCHITECTURE ROADMAP DEVELOPED

An FNHA Approved Software Application List was approved and updated with stakeholders along with the completion of a Software Acquisition Procedure. An FNHA Cloud Strategy was completed, and the organization continues to move forward on work on business architecture, application and data architecture deliverables.

The FNHA addressed COVID-19 initiatives through privacy security risk assessment and architecture impact assessment reviews. Innovative solutions were adopted, including the FNHA Mobile App and FNHA Remote Workforce Enablement, in alignment with the FNHA Digital Enablement Strategy.

PER CENT PLANNED ENTERPRISE DATA GOVERNANCE AND ANALYTICS STRATEGY DEVELOPED AND IMPLEMENTED

Due to COVID-19 response needs, there was a lack of capacity to significantly advance work, however work is ongoing this fiscal.

Health Performance Standard: Operational Excellence

ANNUAL BOARD OF DIRECTOR REVIEW OF CORPORATE POLICIES ON TARGET

Meeting target for this fiscal year.

PER CENT COMPLIANCE WITH INCLUSION OF DIRECTIVES AND OPERATING PRINCIPLES IN DECISION-MAKING PROCESSES

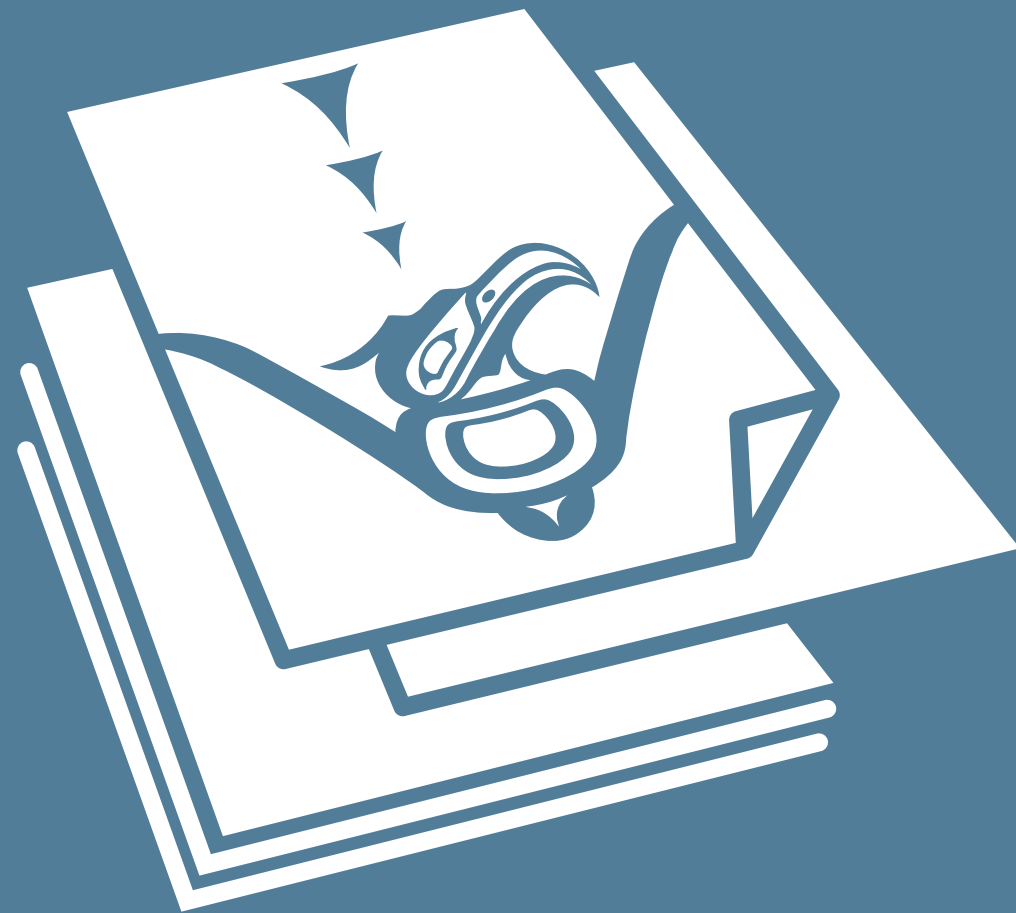
Decision sheets signed this year considered the decision in the context of the FNHA's 7 Directives and Operating Principles.

PER CENT STAFF PERFORMANCE PARTNERSHIP AGREEMENTS COMPLETED INCLUDING STAFF WELLNESS PLAN

In 2020/2021, 48 per cent of staff performance partnerships were noted as completed as of March 31, compared to 62 per cent in 2019/2020. However deadlines for completion were extended until the end of July 2021, so many are still coming in.



2020/2021 Financial Report



2020/2021 Financial Report

This discussion and analysis of the financial results from operations and financial position for the year ended March 31, 2021, should be read in conjunction with the audited financial statements and accompanying notes and schedules.

The audit firm KPMG LLP was appointed by Members of the Society to audit the financial statements of the FNHA. For the eighth consecutive fiscal year, the auditors have issued an unqualified or clean audit opinion that the financial statements prepared by management are presented fairly in all material respects.

The audited financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations, which require financial results to be shown for the year alongside prior year comparative figures.

At the FNHA, strategic planning, the utilization of funding and the realization of expenses are aligned with the Shared Directives and Shared Values as well as the Operating Principles. The utilization of resources is consistent with the following:

- Strategy, initiatives and activities are developed in alignment with a health and wellness philosophy based on First Nations teachings;
- Health initiatives, programs and services support and are accessible to all First Nations and Aboriginal peoples living in BC;
- The FNHA examines clients' needs to continuously improve services and approaches and remove barriers;
- Service delivery and transformation are driven by First Nations decision-making through engagement;
- Sustainability is an essential component of the business approach; and
- Integrity, efficiency and innovation are essential to ensure the organization functions at a high operational standard.

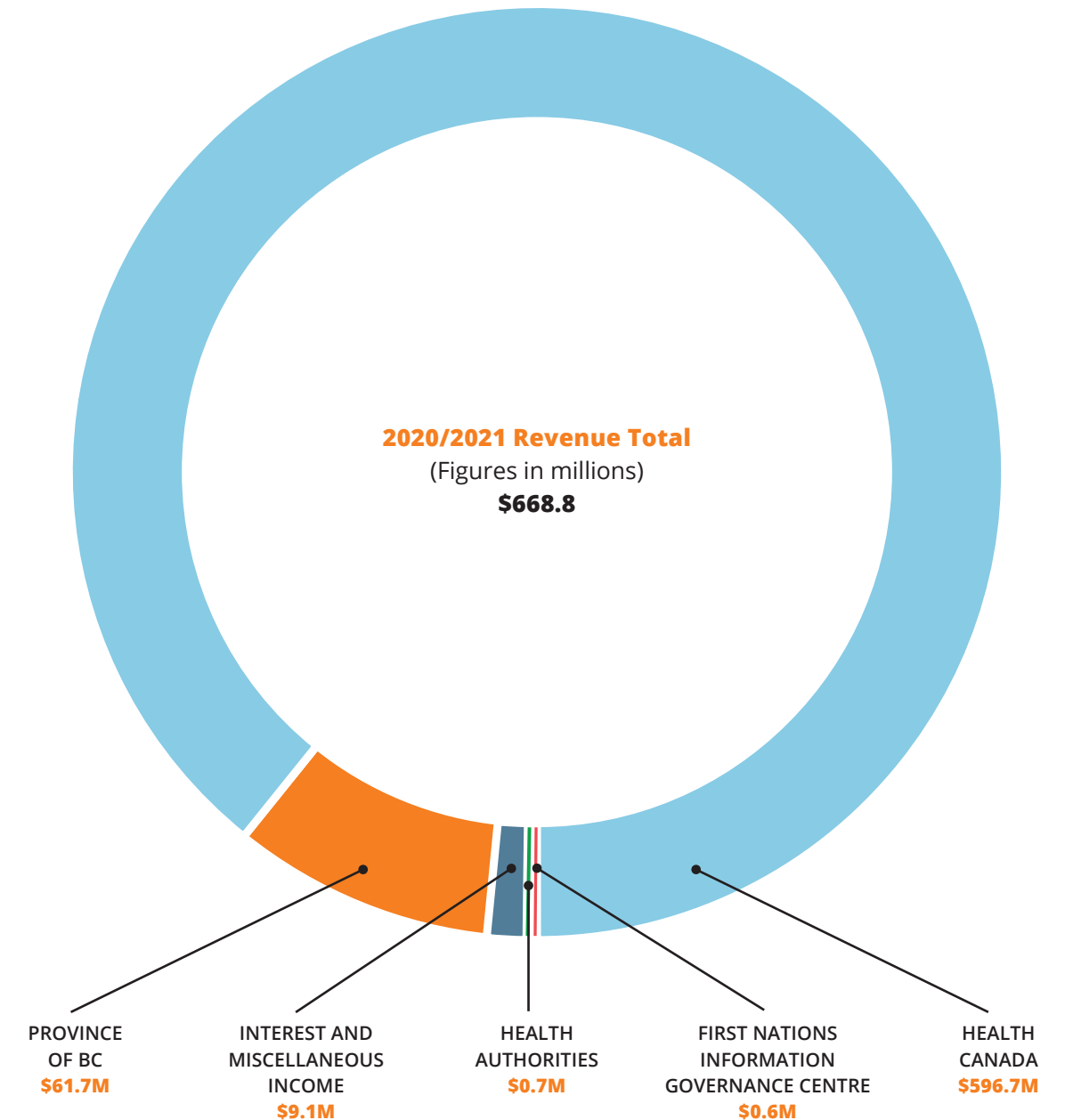
In addition, the organization continues to be focused on prudent financial management, fiscal responsibility and financial sustainability. The financial results reflect this approach as well as consideration of priorities and value for money. For the year ended March 31, 2021, an operating surplus of \$11.9 million on total expenditures of \$656.9 million is reported. This surplus equates to 1.8 per cent of total expenses and 1.8 per cent of total revenues for the fiscal year. The surplus is associated with unrestricted revenue received or receivable within the current fiscal year.

Statement of Operations

Year ended March 31, 2021, with comparative information for 2020 | Expressed in millions of dollars

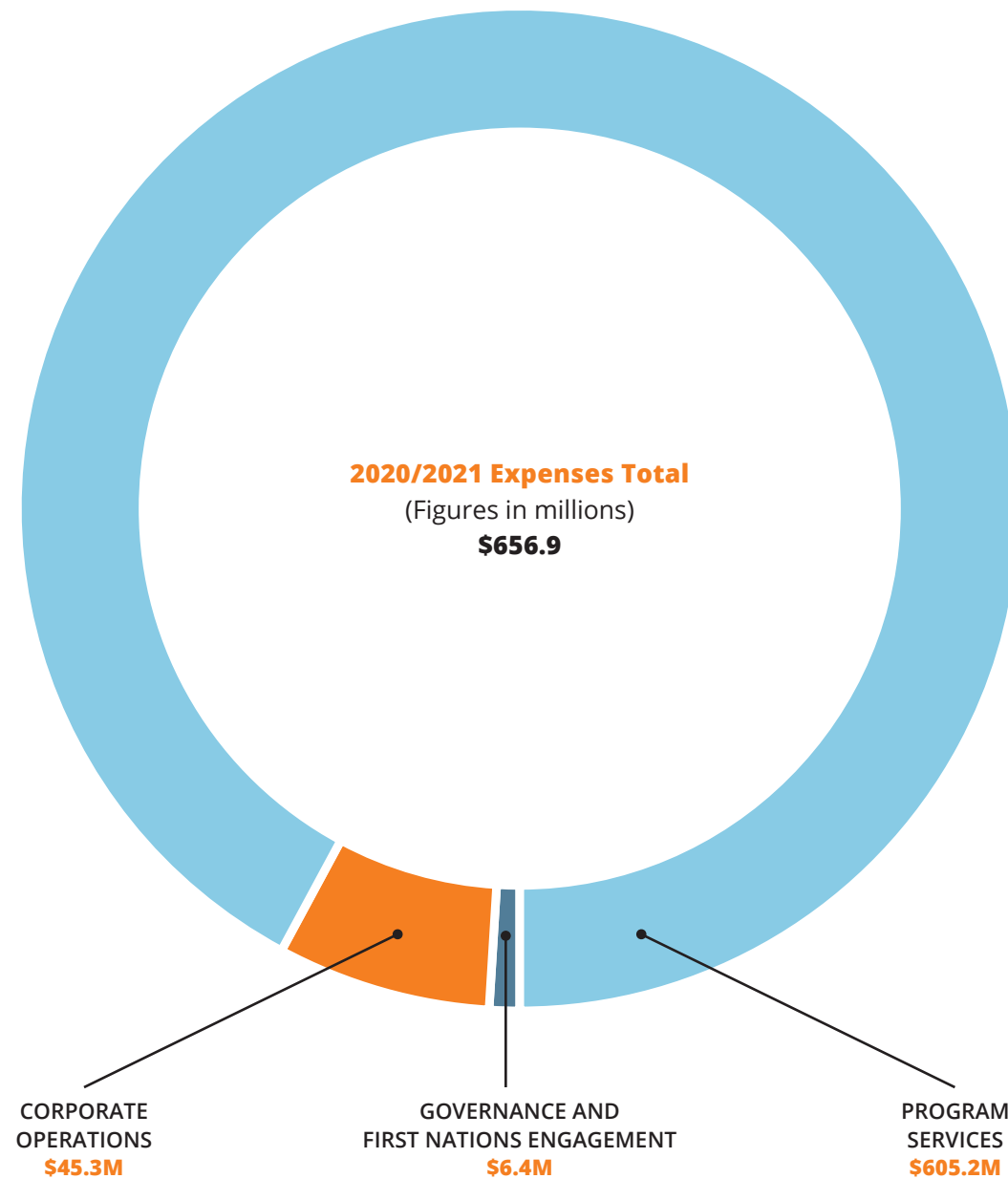
	Actuals		Actuals as a % of Revenue or Expenses	
	F2021	F2020	F2021	F2020
REVENUES				
Health Canada	596.7	548.8	89.2%	89.4%
Province of British Columbia	61.7	51.5	9.2%	8.4%
First Nations Information Governance Centre	0.6	0.6	0.1%	0.1%
Health Authorities of British Columbia	0.7	0.8	0.1%	0.1%
Interest and Miscellaneous Income	9.1	12.5	1.4%	2.0%
	668.8	614.2	100.0%	100.0%
EXPENDITURES				
Operations				
Corporate Operations	45.3	48.4	6.9%	7.9%
	45.3	48.4	6.9%	7.9%
GOVERNANCE AND FIRST NATIONS ENGAGEMENT				
First Nations Health Council	2.1	2.2	0.3%	0.4%
First Nations Health Directors Association	1.4	1.6	0.2%	0.3%
First Nations Engagement	2.9	7.4	0.4%	1.2%
	6.4	11.2	1.0%	1.8%
PROGRAM SERVICES				
Health Benefits	200.7	188.8	30.6%	30.8%
Direct Community Services Funding	292.6	259.4	44.5%	42.3%
Health Services and Programs	106.2	99.9	16.2%	16.3%
Regional Operations	5.7	4.9	0.9%	0.8%
	605.2	553.0	92.1%	90.3%
TOTAL EXPENSES				
	656.9	612.6	100.0%	100.0%
Excess of Revenues over Expenses	11.9	1.6	1.8%	0.3%

Revenue



The largest component of funding (\$596.7 million) for the FNHA comes from our federal partner through the Canada Funding Agreement and the Canada Consolidated Contribution Agreement. Provincial funding (\$61.7 million) represents commitments to the BC Tripartite First Nations Health Plan (\$11.0 million), Joint Project Board ongoing initiatives (\$13.9 million), COVID-19 Response Initiatives (\$11.9 million), Opioid Emergency Response (\$8.0 million), Aboriginal Head Start Initiatives (\$6.6 million), Indigenous Treatment and Land-Based Healing (\$6.7 million), Virtual Substance Use, Psychiatry, and Doctor of the Day (\$0.8 million), First Nations Led Primary Health Care Clinics (\$1.6 million), and various other initiatives (\$1.2 million).

Expenses



Expenses are grouped into three major categories: Corporate Operations, Governance and First Nations Engagement, and Program Services.

Corporate Operations represents costs associated with the administration of the FNHA and includes FNHA Board expenses, CEO office, Legal, Communications, Finance & Corporate Services, Human Resources, and Information Management/Information Technology operations, plus amortization of capital assets. Total expenses for Corporate Operations were \$45.3 million,

representing 6.9 per cent of total expenses for the 2020/2021 fiscal year (in fiscal 2019/2020: \$48.4 million and 7.9 per cent of total expenses). The primary reason for the year-over-year decrease is due to a general reduction in travel and in person meetings, substituted by virtual communications in adherence to restrictions imposed by the COVID-19 pandemic. The reduction is partially offset by an increase in compensation costs, including the annual compensation increase as per Collective Agreements, non-union increases as per the FNHA Board-approved compensation strategy, and the successful recruitment to fill vacant positions.

Costs related to **Governance and First Nations Engagement** include remuneration and travel costs of the councilors/directors of the First Nations Health Council and First Nations Health Directors Association, as well as the operational costs of the secretariat functions. Costs related to First Nations Engagement include Regional Caucus sessions, regional tables, Gathering Wisdom for a Shared Journey and community engagement activities. Total expenses for Governance and First Nations Engagement were \$6.4 million, which represents 1.0 per cent of total expenses for the 2020/2021 fiscal year (in fiscal 2019/2020: \$11.2 million and 1.8 per cent of total expenses). The year-over-year change is primarily due to cost savings associated with virtual meetings vs. travel and in person meetings as a result of the COVID-19 pandemic.

Program Services includes health benefits, direct community funding, health services and programs, and regional operations. Financial results in each area are described separately in the next sections.

Health Benefits includes the operations of the Health Benefits department, Health Benefits expenditures (such as medical transportation, vision, dental and prescription drugs), and dental therapy costs. The total expenses for the Health Benefits program were \$200.7 million, which represents 30.6 per cent of the total expenses for the fiscal 2020/2021 year (in fiscal 2019/2020: \$188.8 million and 30.8 per cent of total expenses). Year-over-year increases in expenses have been influenced by factors such as changes in access, utilization of benefits and an increase in claims in the areas of dental services, prescription drugs, and mental wellness services. The start of the partnership with Pacific Blue Cross also contributed to the increase, primarily in the dental services area. The increase in health benefits claims costs was partially offset by the following:

- Costs no longer incurred given the elimination by the provincial government of the requirement to pay Medical Services Plan payments as of January 2020.
- Costs were incurred in 2019/20 to implement and support the transition from the Non-Insured Health Benefits (NIHB) program to PharmaCare Plan W for the delivery of pharmacy benefits and Pacific Blue Cross for the provision of dental, vision, and medical supplies and equipment. The transition was successfully implemented and minimal expenses were required to be incurred in 2020/21.

Direct Community Services Funding represents the portion of FNHA funding that flows directly to communities through contribution agreements. This includes funding to communities to support health and wellness services and programs, Health Actions, Joint Project Board and other targeted initiatives. In 2020/2021, this funding was \$292.6 million, which represents 44.5 per cent of the total expenses for the FNHA (fiscal 2019/2020: \$259.4 million and 42.3 per cent of total expenses). A significant portion of the increases (\$28.4 million) was related to COVID-19 response funding from Health Canada and Province of BC which was primarily provided directly to communities. Also, increases result from a funding escalator allocated to the community funding agreements and new investments in Community Capital.

Health Services and Programs includes program and services delivery as well as operational costs for nursing services, environmental services, policy and planning, as well as the costs of the Chief Medical Officer portfolio. Expenses also include costs of contribution agreements to non-community recipients and treatment centres, plus direct payments for community operation and maintenance costs. Total expenses were \$106.2 million, which represents 16.2 per cent of total FNHA expense for 2020/2021 (fiscal 2019/2020: \$99.9 million and 16.3 per cent of total expenses). COVID-19 response activities were the primary contributor to the year-over-year increase. As in other areas, the year-over-year change was also influenced by annual compensation increase as per the Collective Agreements, non-union increases as per the FNHA Board-approved compensation strategy. Increases in Primary Care, Virtual Doctor of the day, and Opioid Response were partially offset by reduced funding for Aboriginal Head Start on Reserve Indigenous Early Learning Child Care (IELCC).

Regional Operations includes cost associated with regions to support operations, programs and projects. Total expenses were \$5.7 million, which represents 0.9 per cent of total FNHA expense in fiscal 2020/2021 (fiscal 2019/2020: \$4.9 million and 0.8 per cent of total expenses). Year-over-year changes are primarily due to compensation costs in association with regionalization. This is offset by decrease in operating costs mainly due to COVID-19 implications.

Net Assets

The final net asset balance at March 31, 2021, as shown on the Statement of Financial Position and the Statement of Changes in Net Assets, is \$207.1 million, which is the result of an opening balance of \$195.3 million plus the current fiscal year excess of revenue over expenses of \$11.9 million. The net asset balance includes \$5.7 million invested in property and equipment, \$144.7 million in Internally Restricted reserves and \$57.0 million in unrestricted equity.

The Internally Restricted reserves represents balances derived from funding from the Province (\$7.4 million). Also included in the Internally Restricted funds are amounts from Health Canada (\$9.2 million). In addition, Internally Restricted funding includes funds set aside from unrestricted net assets as well as contributions from federal and provincial partners (First Nations Treatment Reserve and Mental Health and Wellness Reserve) to fund identified priorities and targeted initiatives. This results in a balance of \$128.1 million at March 31, 2021. Note 10 in the audited financial statements provides a detail listing of respective fund balances.





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